TO HOSPITAL OR May be retained by TO FUNERAL DIRECTORY

VS A15 (4) 15M 9/SS

N

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6605

CERTIFICATE OF DEATH

06593

	000		CERTII	CAI	LOID	LAIII				Reg. Di	st. No		
176	rroll		MARYLA	UND	USUAL RESIDE	yland		b. COU	NTY N	iont	come	ry	
Syke svil	(If outside corporate limit peorest town)	s, write	3 y 5 m 18	_	Takona			ote limits, wr	ite RUI	RAL ond	give ned	arest town	n)
OR INSTITUTION	PITAL (If not in hospitol, g Id State Hos				6717 E		n Ave	nue					SIDENCE FARM?
3. NAME OF DECEASED (Type or print)	George		Leo Middle		Abell		4. DATE OF DEATH		Month 6		2		Year 19 59
5. SEX Male	White	WIDOWE			ATE OF BIRTH 6-14-71			9. AGE (In y	oy)	F UNDER Months	Doys Doys	Hours	ER 24 HRS. Min.
Te:	TION (Give kind of work or orking life, even if retired) Temean	ione 10b. i	(IND OF BUSINESS OR	INDUSTRY		vland	foreign co	ountry)		12. CI	U.S		COUNTRY
	ench Abell			1	. MOTHER'S M		ME	لمسا	~~	~			
15. WAS DECEASED EN (Yes, no. or unknown)	/ER IN U. S. ARMED FORG		OCIAL SECURITY NO.	17. INFO	mant ingfiel	d Hos	nital	Recor	Addres		fe		
18. CAUSE OF D	immediate (D)	E	e for (o), (b), ond (c).]								INT	RVAL BE	
~	THER SIGNIFICANT CONT	Albert 1p	DITRIBUTING TO DEATH							N IN PAR	T 1(o) 1	9. WAS . PERFO YES	AUTOPSY PRMED?
OR CONTRIBUTION (IF EITHER, NOTIF 20c. TIME OF INJU-	GET CAUSE OF DEATH Y MEDICAL EXAMINER) JRY Month, Doy, Yea	Pt.	fell down	on the PLACE	ne ward OF INJURY (Ho	on 5	-27-5	9			County)	, Mai	(Stote)
21. I certify alive an	that I attended the	decease _, 1959			curred at 3	:40 P	M, from		es an	d an t		te state	
PHYSICIAN'S NAME (Type)	Edmund Lu				_Sylces								
220. BURIAL, CREMATI	0 6/5-11	93-9 was	22c NAME OF CEMETE	A OF CR	ill		Li	ION (City, 10	La	nd	1	y a	e)
23. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS DIC	84-5	38 2	4a. REC'D	BY REGISTI	9 24b. I	REGISTI	RAR'S SI	GNATUR		

p . 1531 - VE A STATE MAKE - Ingignos mante is all outsing SYLY Estade selvente * 1 × 2 . . . Dept. Front ... decasi (lames) ATTY STAINSTAND BY THESE STAINS HERE Printerni Brazilia verteila Post in the property of the colored with the colored to the colore PC-TS-T so I was not be the set of the set o Instruct , House, efficiency of the contract o with the contract of the contr controller places are not uncertainly previous control test control of the contro Commission of the control of the con The state of the s AND THE PARTY

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(Stote)

MARYLAND	STATE DEPARTM	ENT OF HEALT	H-BALTI	MORE, 18	00	659
6606	CERTIFICA	ATE OF DEAT	Ή	Reg. C	Dist. No.	
1. PLACE OF DEATH o. COUNTY Carroll	MARYLAND	2. USUAL RESIDENCE (V o. STATE Maryl		b. COUNTY		admission
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville	c. LENGTH OF STAY IN 16		outside corporate	limits, write RURAL onc	give neares	t town)
d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION Springfield State Hospits	address)	d. STREET ADDRESS		t		S RESIDE ON A FA ES N
3. NAME OF First DECEASED (Type or print) John	Middle Wesley	Lost Ament	4. DATE OF DEATH	Month 6	Day 28	Yeor

Sykesvil	,	36 years 27	days Balti	more, Md	340	e. IS RES	SIDENCE
OR INSTITUTION Springfie	d State Ho	spital	433 W 2	4th Street			FARM?
3. NAME OF DECEASED (Type or print)	John	rst Middle Wesley	Lost	4. DATE OF DEATH	Month 6		Yeor 19 59
S. SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF SIRTH	9. A	GE (In years IF UND Month yrs.	DER 1 YEAR IF UNDER DOYS Hours	Min.
10a. USUAL OCCUPATION during most of wor	king life, even if retired	done 10b. KIND OF BUSINESS OR	INDUSTRY 11. BIRTHPLACE (St.		7) 12.0	U.S.A.	OUNTR
13. FATHER'S NAME John 1	lment		14. MOTHER'S MAIDE				
1S. WAS DECEASED EVE Yes, no, or unknown)	ER IN U. S. ARMED FOR (If yes, give war or dates of s		Springfield	Hospital 1	Address Records		
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	puse per line for (o), (b), and (c).] Passive Conges	tion of lungs			INTERVAL SE ONSET AND Cays	DEATH
Conditions, if a			ie cardiovascu	lar diseas	30	year	8
couse (o), stoting lying couse lost.	DITETO		teriosclerosis	100		years	
Epileptic	HER SIGNIFICANT CON	Transcervical	racture of lef		NDITION GIVEN IN P	PART 1(o) 19. WAS PERFO	AUTOPS RMED?

CERTIFICATI 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ♣ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)

MEDICAL 20c. TIME OF INJURY Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) o. m. Not while ot work

1959, that I lost sow the deceosed 21. I certify that I attended the deceased fram and that death occurred of 0:20 AM, from the couses and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED

6-28-59 ACTUAL Springfield State Hpspital

PHYSICIAN'S Sykesville, Maryland. Edmund Lusthaus M.D. NAME (Type)

220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Duria

23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR DAHUN 3 0 '59 arthur S. Kraus

completely popers. puo corbon physicion remove ottending a þ is certificate has been signed use as the burial-transit permi or oftending physicion. removal OR: Afte prior TO FUNERAL DI poge 3 should b the registror

YSICIAN: The low requires that the death certificate be execu

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ord pending in pencil in Item, 18. Give Pages 1, Medical Examiner's Office along with form PM3. P

prior to burial, cremation, ar removal, and in an should be used as a burial-transit permit.

CTOR:

or its designated agent,

Page files. Health,

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6607 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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-									Reg. DI	31, 140.	
1.	o. COUNTY Ca	rroll		MARY	AND	2. USUAL RESIDENCE (V	Vhere deced	sed lived. If institu b. COUNT		to. C	
	b. CITY OR TOWN (III and give nearest town) Sykesvi	outside cerparate limits, write	RURAL	Lyr.5mos.80	-	c. CITY OR TOWN (III Baltin			RURAL and		prest town)
		ield State		ospitol, give street address)	d. STREET ADDRESS	E. Bal	timore S			e. IS RESIDENC ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	Dor	othy	Middle Laverne	9	Bellamy	4. DATE OF DEATH	June	h	15,	Year 19 59
5.	SEX Female	6. COLOR OR RACE White	7. MARI	RIED NEVER MARRIED		May 15, 19	LO	9. AGE (In years last birthday)	Manths 1		F UNDER 24 HR Haurs Min.
	Salesclerk	g life, even if retired)	dane 10b	KIND OF BUSINESS OR II	NDUSTR	Maryland		country)	12. CITIZ		WHAT COUNTR
13	James Aspi	nall				Mary Ker					
15 {V	The same of the sa	The same of the sa	RCES? 1	6. SOCIAL SECURITY NO.		ringfield Ho		Address al Records			
	FART I. DEAT 540./ Conditions, if an			e for (a). (b). and (c).} Acute perito Perforated cl			ılcer			ONSET	AL BETWEEN AND DEATH Days
	gave rise to immed (a), stating the cause last.	inderlying DUE TO						1			
CERTIFICATION	Schizophi	enic react	ion,	paranold ty	e e	OT RELATED TO THE TERM	INAL DISEAS	SE CONDITION GIV	VEN IN PART		WAS AUTOPSY PERFORMED?
		SE WAS ITRIBUTING []		BE HOW INJURY OCCURE None.	RED. (Er	iter nature of injury in Far	t I ar Port li	l af item 18.)			
MEDICAL	20c. TIME OF INJUR Haur a. m. p. m.	Y Month, Doy, Yeo	Wh		facta	E OF INJURY (Home, form ry, street, affice bldg., etc.	20f. (Cit	y or town)	(Cau	nfy)	(State)
	opinion death	resulted from: 1	Voturol	remains described couses [], Accid	ent)[Homicide	Undete	Inquiry	nonner	ond in m
	EXAMINER'S NAME (Type)	James T. M	arsh	, M.D.		ASSISTANT MEDICAL				6	6/16/59
	REMOVAL (SPECIFY)	O 19	59	Frastour	A OR	Cometery	41	ATION (City, tawn,	1. TY	ar	(State)
(Luther)	IL Ha	aht	Sukeou	Rel	e M O DATE	JUN 2		STRAR'S SIC	2 11	u.a

TO DEPUTY MEDICAL EXAMINER 4 should be for VS. AISME 5M 2/57

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6608	3 CERTIFIC	ATE OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY CARROLL	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. o. STATE	If institution: Residence before admission) . COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN If outside corporate lim	its, write RURAL and give nearest 16wn)
d. NAME OF HOSPITAL (If not in hospital, give street or the Indian Control of the Indian	eet address) MAL Road	d. STREET ADDRESS 56/014 BATTA	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) CARRIE A	EASTER BL	12 ZARD 4. DATE OF DEATH	Nonth 2 Day Year 27 19 5
11.1.1.1.1.1.1.1	ARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE lost Capable & 1910	(In years birthday) Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done) during most of working life, even if retired)	06. KIND OF BUSINESS OR IND	JSTRY 11. BIRTHPLACE (State or Acreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Hawley Lame	hert	14. MOTHER'S MAIDEN NAME -	rant
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no, or unknown) [17] yes, give war or dates of service]	16. SOCIAL SECURITY NO. 17.	m James Bloss	and Westminterly
1B. CAUSE OF DEATH [Enter only one couse pe PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	rtine for (o). (b), and (c).]	a Ceruly & m	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which (b)	to Lin	en	5, hr
gove rise to immediate coese (o), stoting the underlying couse lost. DUE TO	Enemia	o cochejie	e 6mo
L CATIC	NS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONT	DITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in Port I or Port II of it	tem 18.)
Hour o.m. Wh		LACE OF INJURY (Home, form, 20f. (City or tow octory, street, office bldg., etc.)	n) (County) (Stote)
21. I certify that I attended the dece			., 1954, that I last saw the deceased causes and an the date stated above
ACTUAL WYLLING	Deicher	M.D. (12 ADDRESS/Street, cit	
PHYSICIAN'S NAME (Type)			
220. BURIAL, CREMATION. 22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY 22d. LOCATION (C	City, town, or county) (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS WATER TO	240, REC'D BY REGISTRAR DATE JUL 1 '59	24b. REGISTRAR'S SIGNATURE Cirthur S. Frank

Pages 1 and 2 sho **ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after D FUNERAL DIP 108: After a certificate has been signed by the attending physician and campage 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, the registrar prior to burial, crematian, ar removal, and in any event within 72 haurs after death. by the haspite TO HOSPITAL OR may be retained TO FUNERAL DIR VS A15 (4) 15M 9/55

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3	6609 CERTIF	ICATE OF DEATH Reg. Dist. No.
t	o. COUNTY CANAL MARYLA	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE A July A Life August 1. COUNTY A July A Life August 1. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	or INSTITUTION STATE (If not in hospital, give street oddsess)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) HERBERY L. L.	BOLLINGER 4. DATE Month Day Year DEATH JUNE 10 1959
	5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED [777.8 1899 (lost birthday) Months Days Hours Min.
	100. USUAL OCCUPATION (Give kind of work done with the state of working life, even if retired) Wash Wash Contract	to Carrollomas 4.S.a.
	13. FATHER'S NAME. Bollmale	Mary Wants
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yas, no, or unknown) (If yes, give wor or dates of service) 2/0-14/-789	7 Min Herbert L. Bollinger Hamsstead ?
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Congestive Hear	rt Failure Interval Between ONSET AND DEATH 3 Months
	Conditions, if ony, which gove rise to immediate case (o), stating the under-lying couse lost. DUE TO DUE TO DUE TO (b) Atteriosclerot DUE TO	ic Card. Vasc. Disease 5 years
)		BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\sum_{100} \) NO \(\sum_{100} \)
- 4		URRED. (Enter noture of injury in Port 1 or Port II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 While Not while of work of work	le. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) 20f. (City or town) (County) (Stote)
		mber., 1958, to 6/10/59, 19 that I last saw the deceased eoth occurred ot 10 a.M. from the couses ond an the date stated above.
	ACTUAL Mi Creditarter fue	ADDRESS (Street, city or town, state) DATE SIGNED M.D. Hampstead, Md 6/10/59
	PHYSICIAN'S M.C.Porterfield, M.D.	Hampstead, Md.
	220. BURIAL, CREMATION, 27b. DATE THEREOF 22c. NAME OF CEMETE (Specify)	RY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
	S. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

within 24 hours aft may be retained by the hospitation of certificate hos been signed by the attending physicion and carried FUNERAL DITAIOR: After certificate hos been signed by the attending physicion and carried page 3 should be detached for use of the buriol-transit permit. Then please remove corban papers, the registror prior to buriol, cremation, or remaval, and in any event within 72 hours effect death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed

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VS A1S (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6610 CERTIFICATE OF DEATH

Reg. Dist. No. 6598

1. PLACE OF DEATH o. COUNTY MARYLAND 2. USUAL RESIDENCE (Wheelers) o. STATE	re deceased lived. If institution: Residence b. COUNTY	e before admission)
b. CITY OR TOWN (If outside corporate limits, write RORAL and give reports lower Levelone 25 years)	tside corporate limits, write RURAL and gi	ive nearest town) WEDNOE
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	med. 10 #1	e. 15 RESIDENCE ON A FARM? YES TO
3. NAME OF DECEASED (Type or print) MILES ALVIN BOPTNER	4. DATE OF MONTH OF DEATH	Day Yeor 10 1959
5. SEX Made 6. COLOR OF RACE 7. MARRIED MEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCED July 2/18	1. 4 () 4 ()	TYEAR IF UNDER 24 HES. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole of during most of working life, even if retired) M. W. R. Co. Golden	Co. Pa .	ZEN OF WHAT COUNTRY?
13. FATHER'S NAME Walker TH. Borton 14. MOTHER'S MAIDEN NA	11 00	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes. give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes. no. or unknown) (If yes. give wor or dates of service) 105-10-5827 ///	a. Bother Les	low, med
1B. CAUSE OF DEATH [Enter only one couse per line for (o). (b). ond (c).] PART I. DEATH WAS CAUSED BY: Congestive Heart Failure IMMEDIATE CAUSE (o)		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which Coronary Arteriosclerosis		2 years
couse (a), stating the under- lying couse lost. DUE TO (c) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMIN	IN DISEASE CONDITION GIVEN IN PART	I/O 19 WAS AUTOPSY
CATIC		PERFORMED? YES NO 3
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Po OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ort I or Port II of Item 18.]	
20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 While Not while of work Of		ounty) (Stote)
	outh Main mpstead, Md.	6/12/59
NAME (Type)	22d. LOCATION (City, town, or county)	((1))
Beveal Qua 13 1959 Fereboro Cometey	Lecebero med	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lea Cal Cal DAMIN 1	BY REGISTRAR 24b. REGISTRAR'S SIG 5 159 Cultury S. Kr	
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REMEMBER OF MEASURE SALTIMORES IS

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VS A15 (4) 15M 10/57

6613 CERTIFICATE OF DEATH

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)		LOUNTY	arroll	MARYLAND	2. USUAL RESIDENCE (W	1 1	COUNTY C	ence defare admis	sian)
	t	RURAL and give n	h 1/	7.1.4.	c. CITY OR TOWN (IF		nits, write RORAL and	give nearest taw	m) /
	1	d. NAME OF HOSPI	TAL (If not in hospital, give stre	pet oddress)	d. STREET ADDRESS	vico.			SIDENCE
)		Longi	rice Nursu	my Home	572	Burn	lucy		NO NO
	1	NAME OF DECEASED (Type or print)	Virginis	Middle L.	Bowmen	4. DATE OF DEATH	Manth	Day	Year 19 5 9
	5. 5	Penale	(//	ARRIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH	1870		Doys Hours	ER 24 HRS. Min.
	10a	. USUAL OCCUPATION during most of war	ON (Give kind af work done liking life, even if retired)	06. KIND OF BUSINESS OR IND	USTRY 11. BUTHPLACE (State	or foreign country)	12. 0	ITIZEN OF WHA	COUNTRY?
1	13.	PATHER'S NAME	with 1	Hime	14. MOTHER'S MAIDEN I	en lorge	eige!	M-SA.	
1	(Owen	iel Ocypto		Mes Het. In	topler a	Hanne h	N To	
	15. Yes	WAS DECEASED EVE	R IN U. S. ARMED FORCES? (If yes, give wor or doles of service)	16. SOCIAL SECURITY NO. 17.	Pro X W. K	nochly	Address	ex ta	
			ATH [Enter only one cause per ATH WAS CAUSED BY:	line far (d), (b), and (c).]	0	-5/		INTERVAL B	
		422.1	IMMEDIATE CAUSE (o)	Mrinus M	greatale	· ·			
		Canditians, if o	ny, which) (b)	Muschist	i Cardis Va	Beerly	Deserie	>	
		cause (a), stating lying cause last.							
	Z			IS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE CON	DITION GIVEN IN PA	PT 1/al 19 WAS	AUTOPSY
0	CATION		*	S CONTINUO TO DENTITO	THO REALES TO THE TERM	MARE DISEASE CON	DITION GIVEN IN FA	PERFO	RMED?
	CERTIF	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING (1) 206. D CAUSE OF DEATH MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCUR	ED. (Enter noture of injury in	Port 1 or Part II of i	tem 18.)		
	MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	Wh		LACE OF INJURY (Home, form octory, street, affice bldg., etc	n, 20f. (City ar tow	n)	(County)	(State)
		21. I certify th	nat I attended the dece	ased fram aug 9.		ine 5	, 1959, that	last saw the	deceased
		alive an	ne 19	and that deat	h accurred at	M, fram the ADDRESS (Street, ci	causes and an		ed abave.
		SIGNATURE	seple!	weh-	M.D. Harry	slead	mod	6/1	109
1		PHYSICIAN'S NAME Type	osen 1 5. 1	Bush MD	HAMI	ostEn	0)	nd'	
	220.	BURTAL CREMATION OF MOVAL (Specify)	26. DATE WEREOF	224. WAME OF CEMETERY	OR CREMATORY	22d. LOCATION (C	ity, tawn, or county	RIO LA	lei f
1	2	ETHERAL DIRECTOR	S SIGNATURE BONCH	Aponess Summer	To	D BY REGISTRAR	24b. REGISTRAR'S S	IGNATURE	-1-W
(1	71000	ne pi lando	0 1-1-2000	O G DATE	JUN 8 '59	arthur	& House	

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VS A15 (4) 15M 9/58

TO HOSPITAL OR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06599

6617 CERTIFICATE OF DEATH

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Reg.	DIST.	NO.

E	o. COUNTY	arroll		MARYLAN		o. STATE Maryl		d lived. If instituti b. COUNTY		ty	admission)		
	RURAL ond give ne	f outside corporate lime carest town) le (Rural)	its, write	c. LENGTH OF STAY IN 1	Ъ	c. CITY OR TOWN		011	RURAL and g	ive neares	st town)		
-	OR INSTITUTION	AL (If not in hospitol, and state)		the state of the state of		d. STREET ADDRESS		Avenue			IS RESIDENCE ON A FARM? (ES NO X		
3		Fii Wilhe	st	Middle		Lost Breyer	4. DATE OF DEATH	Mar		Day 26.	Year 19 59		
5	SEX F_male			RIED NEVER MARRIED		DATE OF BIRTH	1881	9. AGE (In years lost birthdoy)	IF UNDER	1 YEAR IF	UNDER 24 HRS. Haurs Min.		
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1:	3. FATHER'S NAME	Louis Brey	er			14. MOTHER'S MAIDE		tine Sch	lagle				
1:	No No DECEASED EVE		CES? 16.	social security No.		ringfield		Add	Iress				
	PART I. DEA'	TH WAS CAUSED BY: IMMEDIATE CAUSE (C	Chi	ne for (a), (b), ond (c).]						Mo	AL BETWEEN AND DEATH nths		
CEBTIELCATION	gove rise to in couse (o), stating lying cause lost.	Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY Chronic brain syndrome associated with senile brain disease, with PERFORMED? PSYCHOTIC TRACETORY PERFORMED? YES NO TO PERFORMED?											
ALEDICAL CEPTIE		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y Manth, Day, Ye	or 20d. II While	NJURY OCCURRED Not while k of wark	. PLACE	Enter noture of injury OF INJURY (Home, fig., street, office bldg.,	arm, 20f. (Cit		(C	ounty)	(Stote)		
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2	PEMOVAL (Specify)	onstantin W		22c. NAME OF CEMETER Western	Y OR C			laryland TION (City, town, Baltime		Md .	(Stote)		
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6614

CERTIFICATE OF DEATH

Rea Dist No.

					Kañ	, Dist. 140	J.	
1. PLACE OF DEATH a. COUNTY Carroll		MARYLAND	2. USUAL RESIDENCE (W a. STATE Maryland		COUNTY	sidence bef		an)
RURAL and give nec	autside corporate limits, write arest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		its, write RURAL	and give no	earest tawn)	1
d. NAME OF HOSPITA	AL (If not in haspital, give street		d. STREET ADDRESS	118		1/	e. IS RESI	
or institution Henryton	State Hospital		Kent Narr	ows			YES TO	
3. NAME OF DECEASED (Type or print)	First James	Middle Edward	Brink le y	4. DATE OF DEATH	Month June	12	-,	959
5. SEX Male	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 4-1-1878	9. AGE last 8]	birthday) Man		R IF UNDER Haurs	Min.
Oyster Sh	N (Give kind of work dane 10b. ng life, even if retired)	KIND OF BUSINESS OR INDU	Centerhi	11, N. C.	12	U.S.	A .	DUNTRY?
3. FATHER'S NAME			14. MOTHER'S MAIDEN					
Richard B		COCIAL CECURITY NO. I	Margaret	Edner	Address			
	IN U. S. ARMED FORCES? f yes, give wor or dates of service)		ames Edward B	rinkley -				
Canditions, if an gave rise to im cause (a), stating the lying cause last. Part II. OTHE	mediate Dur To	r advanced pu			DITION GIVEN IN	I PART 1(a)	19. WAS A PERFOR	RMED?
PART II. OTHE	S UNDERLYING DEST	CRIBE HOW INJURY OCCURRE	D. (Enter nature af injury in	Part I ar Part II of it	tem 18.)			
20c. TIME OF INJURY Hour a. m. p. m.	Manth, Day, Year 20d. I While at war	Nat while fa	ACE OF INJURY (Hame, far ctary, street, affice bldg., et		n)	(Caunty	')	(State)
actual SIGNATURE	ne 12, 19 19 19 19 19 19 19 19 19 19 19 19 19	9 , and that death	M.D. Hen		auses and only or tawn, state) ryland	the dat	te stated DATE	above signet 2=59
220 BURIAL, CREMATION	(2/16/59	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (C	ity, town, or cou	e 2	(State)
23. JUNERAL DIRECTOR'S	SIGNATURE &	ADDRESS h	//	I'D BY REGISTRAR JN 1 8 '59	24b. REGISTRAR	's SIGNATI		

ely filled in by the funeral director, Pages 1 and 2 should be filed with death. Page 4 vithin 24 haurs

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by the hasping of retending physicion. page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. the registrar prior to burial, crematian, or remaval, and in any event within 72 haurs after death. YSICIAN: The low requires that the death certificate be execute TO FUNERAL DIXECTOR: After This certificate has been signed by page 3 shauld be detached for use as the burial-transit permit.

TO HOSPITAL O VS A15 (4) 15M 9/5B

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b. CITY OR TOWN	If autside corporate limi	its, write	c. LENGTH OF STAY IN 16	C.			orote limits, write		ive nearest town)	V
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OR INSTITUTION	eld State H						al Street		ON A FA	RM?
3. NAME OF	Fir		Middle		Last	4. DATE OF	Ма		Day Yea	
(Type ar print)	Ella		May	Br	rown	OF DEATH	June			59
S. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	B. DAT	E OF BIRTH	1000	9. AGE (In years lost birthday)	IF UNDER 1	YEAR IF UNDER 2	_
Female	White	WIDOWE	DIVORCED	Mar	wh 4. 1	878	81 yrs		Days Hours	Min.
0a. USUAL OCCUPATI	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR IND					12.CITIZ	EN OF WHAT COU	NTRY
	king life, even if retired)			Chio			TT S	.A.	
Housewif 3. FATHER'S NAME				14. /	MOTHER'S MAID	DEN NAME		040	•42.6	
Charles	HOCK ER IN U. S. ARMED FOR	CES2 14	SOCIAL SECURITY NO	INFORM	Amelia	VIII	Ada	dress		
Yes, no, or unknown)	(If yes, give war or dates of s	ervice)								
no				Sprin	gfield	Hospita	1 Records			
	ATH [Enter only one co	use per lin	ne for (o), (b), and (c).]						ONSET AND DE	EEN
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20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCURI	RED. (Enle	r nature af injur	ry in Port I or Po	rt II af item 1B.)	3 3		K
20c. TIME OF INJUI Hour a.m.	RY Month, Day, Ye	While	NJURY OCCURRED 20e. I	PLACE Of factory, st	INJURY (Home, reet, office bldg.	farm, 20f. (Cit ., etc.)	y ar town)	(Co	aunty)	(State
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alive on Jur	10 13	, 195	9, and that dea	th accu	rred at 914				date stated a	
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SIGNATURE	menna	al	Carnel	M.D	Springf	field St	ate Hosp	ital	0/10/29	
PHYSICIAN'S NAME (Type)	Agustin de	1 Car	/		Sykosyi		C SUR			
2a. BURIAL, CREMATIC	ON, 226. DATE THEREC)F	22c. NAME OF CEMETERY	OR CREW	ATORY		ATION (City, town,		(Stote)	
REMOVAL (Specify Burial	6-19-59		Parkwood	Cer	m.	Ba	alto. Mo	1.		
3 FUNERAL DIRECTOR		0	ADDRESS	~ A	240.	REC'D BY REGIS	TRAR 24b. REG	ISTRAR'S SIG	NATURE	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	ð	012	CERTI	FICAT	E OF DEAT	Н		Reg. Dist	t. No.	6
1. PLACE OF DEATH 6. COUNTY Carroll			MARY	- 11	. USUAL RESIDENCE (W. o. STATE Maryland	/here deceased li	ived. If institution b. COUNTY	nı Residence	2007598	ission)
b. CITY OR TOWN (I RURAL and give no			c. LENGTH OF STAY		c. CITY OR TOWN (IF		te limits, write RL	JRAL and gi	ive nearest to	iwn) 🗸
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OR INSTITUTION	1d State F				d. STREET ADDRESS	ord Rose	a Si		ON	RESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)		rst	Middle	Ca	Lost mpeggi	4. DATE OF DEATH	Mont Ju	8006P	Day 3	Yeor 19 59
5. 5EX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIE	D 1 8. I	DATE OF BIRTH	9.	AGE (In years		YEAR IF UN	
Male	White	WIDOWE			8-17-1893		last birthday)	Months	Days Hou	rs Min.
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None	king life, even if retired	1)	_		Maryland			U	I.S.A.	
3. FATHER'S NAME					14. MOTHER'S MAIDEN		- 12 10 1		-	
Frank Car	nneggi				Elizabet	h Otis	- Albert			
S. WAS DECEASED EVE	R IN U. S. ARMED FOR	RCES? 16. S	OCIAL SECURITY NO	. 17. INFC			Addr	ess		
[Yes no, or unknown]	(If yes, give wor or dates of	service)		S	pringfield	Hospita	1 Record	is		
PART I. DEA / 5 / X Conditions, if o gave rise to i cause (o), stating lying couse last.	ny, which of the under-	Meta	estatic ca	rcina	na of the s		ONDITION GIVI	EN IN PART	INTERVAL ONSET AN Mont	S AUTOPSY
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actual SIGNATURE		mo	9, and that	death a		ADDRESS (Street	the Causes a et, city or town, s ate Hos	nd an the		
220. BURIAL, CREMATIO BREMOVAL (Specify)	6-8-59	OF ?	22c. NAME OF CEME	tery or c	REMATORY	22d. LOCATIO	imore,	r county) Mde	(5:	lote)
23. FUNERAL DIRECTOR	S SIGNATURE J. Ruck	5305	ADDRESS Harford	Rd.	24a. REC	JON BEGISTEN	g 24b. REGIS	TRAR'S SIGI	Plane	

within 24 hours after death. Page 4 funeral director, nauld be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed a may be retained by the haspilytery attending physician.

TO FUNERAL DY CTOR: After certificate has been signed by the attending physician and campage 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. the registrar priar to burial, cremation, ar remayal, and in any event within 72 hours after degath.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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b. CITY OR TOWN (IF RURAL and give new	arest town)	its, write	c. LENGTH OF STAY	r IN 1b	Rura1,			rote limits, write R	URAL ond	give nec	arest tow	n)
d. NAME OF HOSPITA OR INSTITUTION Westminste:	AL (If not in hospital,	2. Sale 10	address)		d. STREET A	DDRESS		l (Silve	Run		ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Claren		Middle Edward		Casima		4. DATE OF DEATH	6/4/59 Mor	ith	Da	У	Yeor 19
5. SEX Male	6. COLOR OR RACE White	7. MARE	NEVER MARR		6/16/19			9. AGE (In years last birthdoy) 57 yrs.	Months Months	Doys Doys	Hours	ER 24 HRS. Min.
100. USUAL OCCUPATIO during most of worki Shoe Cutt	N (Give kind of working life, even if retired	done 10b.	kind of Business choe Factor				or foreign co			U.S.		COUNTRY?
13. FATHER'S NAME Mervin C	ashman				14. MOTHER'S Bes		AME Linga:	n				
15. WAS DECEASED EVER	IN U. S. ARMED FOI If yes, give war or dates of	ervices	SOCIAL SECURITY NO.		FORMANT S. Lilli	ie Cas	hman,	Westmin		Md.	R.E	.1
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20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Ye	ar 20d. II While of wor	NJURY OCCURRED Not while of work	20e. PLA foc	CE OF INJURY (tory, street, office	Home, form, e bldg., etc.	20f. (City	or town)	(County)		(Stote)
21. I certify the alive an	at I attended the	deceas	-0	t death	no. 12 h		G St.	the causes of reel, city or lown,	and an t		te state	deceased ed above. ATE SIGNED SS
220. BURIAL, CREMATION REMOVAL (Specify)	6/7/59)F	Zzc. NAME OF CEM Kriders (ION (City, town,		arro	(5101	
23 FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		70-	24a. REC'E	BY REGIST	RAR 24b. REGI	STRAR'S	SHATUR	E	

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		0017	CERTIFICA	AL OI DEATH	R	eg, Dist. No.
		PLACE OF DEATH a. COUNTY AVO //	MARYLAND	a. STATE Mayler	deceased lived. If institution: b. COUNTY	Residence before admission)
		RURAL and give nearest town)	H OF STAY IN 16	c. CITY OR TOWN (If outside	carporate limits, write RUR	AL and give nearest town)
		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OR INSTITUTION OR INSTITUTION		d. STREET DE RESS	Road	e. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED (Type or print) Folk Elix	Middle S		DATE Manth	Day Year 25 19 59
	5. 5	Sexuale 6. COLOR OR RACE 7. MARRIED NE	DIVORCED [B. DATE OF BIRTH aug. 14 1888	1 1 1 1 1 1 1 1	UNDER 1 YEAR IF UNDER 24 HRS. Tonths Days Hours Min.
	10a	USUAL OCCUPATION (Give kind of work done 10b. KIND OF 8 during most of working life, even if retired)	SUSINESS OR INDUS	STRY A. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
1	13/	FATHER'S NAME BOURS EL		14. MOTHER'S MAIDEN NAME	f - 1.	
/		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SE	CURITY NO. 17. H	NEDERMANT Rup	Address b. Number	ted hid
		18. CAUSE OF DEATH [Enter only one couse per ling for (a), (PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	(b), and (c).]	Cochusion	3.	INTERVAL BETWEEN ONSET AND DEATH
		Canditians, if any, which) (b) Church	u In	youndation		6 years
		gove rise to immediate couse (o), stating the <u>under-lying couse last.</u> DUE TO				
0	ICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	ING TO DEATH BUT	NOT RELATED TO THE TERMINAL I	DISEASE CONDITION GIVEN	IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	CERTIFI	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	/ INJURY OCCURRED	D. (Enter nature of injury in Part I	or Part II of item 18.)	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m. The Month of work of wark of wark of wark.	while foo	ACE OF INJURY (Hame, form, 20 clary, street, office bldg., etc.)	f. (City or town)	(County) (State)
		21. I certify that I attended the deceased from alive an 23 1959	and that death	occurred at PA M		hat I last saw the deceased
		ACTUAL SIGNATURE OF LEBU	sh		ESS (Street, city or town, state	d an the date stated above. DATE SIGNED (2) (2) (2) (3)
1		PHYSICIAN'S JOSEPH E. 73 W.	52 141	HAM	STEAD	Mary land
	1.	BULLAL 6-25-59	ME OF CEMETERY OF	R CREMATORY 22d.	LOCATION (City, town, or c	County) (Stole)
	23.	EUNERAL DIRECTOR'S SIGNATURE. JOHN - Ha	cupste	ed Med DATEJUN 3		AR'S SIGNATURE

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SICIAN: The law requires that the death certificate be execut

MARYLAN	D STATE DEPART	MENT OF HEALTI	H-BALTIMORE,	18 06607
661	8 CERTIFIC	CATE OF DEATI	1	Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Carroll	MARYLAN	C STATE Se		rtion: Residence before admission) Y Balto.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville	c. LENGTH OF STAY IN 1	c. CITY OR TOWN (IF		RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street or institution Springfield State Hospi		d. STREET ADDRESS 7500 Old	Harford Rd.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Margar	et Cleary	Dowdy Last	4. DATE OF JUNE	29, Year 1959
	ARRIED NEVER MARRIED DIVORCED	4 40	9. AGE (In year lost birthdoy)	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 1 during most of working life, even if retired) Housewife	0b. KIND OF BUSINESS OR IN	IDUSTRY 11. 8IRTHPLACE (Stote Marylan		12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME Charles Cleary		14. MOTHER'S MAIDEN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	Springfield H	ospital Recor	dress d s
18. CAUSE OF DEATH [Enter only one couse pe PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)	Branchopneumon	ia		INTERVAL BETWEEN ONSET AND DEATH Days
Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost.				
C.B.S. assoc. with cere		Le rosis with ps	WHY SET COMPACE	VENUN PART 1(o) 19. WAS AUTOPS' PERFORMED? YES IN NO

Carcinoma of the

20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.)

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Year

20d. INJURY OCCURRED While Not while

20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)

20f. (City or town)

(County)

(Stote)

MEDICAL o. m 21. I certify that I attended the deceased from November 24

22b. DATE THEREOF

of work

59, that I last saw the deceased November 24, 1958, to June 29, 1959, that I last saw the deceased and that death occurred at 8:55PM, from the causes and an the date stated above.

alive on June 29

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS (Street, city or town, stote) Springfield State Hospital DATE SIGNED

PHYSICIAN'S NAME (Type)

ACTUAL SIGNATURE

220 BURIAL, CREMATION,

REMOVAL (Specify)

Edmund Lusthaus, M.D.

Sykesville, Maryland

22d. LOCATION (Lity, town, or county)

FUNERAL DIRECTOR'S SIGNATUR

ADDRESS

24a. REC'D BY REGISTRAR 159 DATBUL

24b. REGISTRAR'S SIGNATURE

TO FUNERAL DY VS A15 (4) 1SM 9/S8

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	N. S. S. C. L. S.				
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6619 **CERTIFICATE OF DEATH**

06608 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	Carroll	MARYLAND	2. USUAL RESIDENCE (W o. STATE Maryl		b. COUNT	on: Residence befo	ore admission)
RURAL ond give	(If outside corporate limit nearest town) CESVILLE	s, write c. LENGTH OF STAY IN 16		outside corporo		URAL and give ne	corest town)
OR INSTITUTION	PITAL (If not in hospitol, gi		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NOTE
3. NAME OF DECEASED (Type or print)	Firs HARR	t Middle	EVANS, SR.	4. DATE OF DEATH	JUNE		1959
s. sex male		7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 3-30-1891	9.	. AGE (In years last birthdoy) OS yrs.	Months Days	Hours Min.
10a. USUAL OCCUPAT	TION (Give kind of work d orking life, even if retired)	lone 10b. KIND OF BUSINESS OR INC	DUSTRY 11. BIRTHPLACE (Stote Marylan		ntry)	12. CITIZEN O	F WHAT COUNTRY
13. FATHER'S NAME	Richard	Evans	14. MOTHER'S MAIDEN Rhbda C.		on		
1S. WAS DECEASED ET			INFORMANT CS. Jessie M		Add	ress ame	
Conditions, if gove rise to couse (o), stotin lying couse los	g the <u>under-</u> DUE TO (c)	Color facy - C	animi.	Proses,		2	Jens 19
CATIC		DITIONS CONTRIBUTING TO DEATH B				TEN IN PART I(0)	PERFORMED? YES NO
(IF EITHER, NOTIII 20c. TIME OF INJI Hour o. m p. m	URY Month, Doy, Yeo	or 20d. INJURY OCCURRED 20e. While Not while of work of work	PLACE OF INJURY (Home, for foctory, street, office bldg., et	m, 20f. (City o	or town)	(County)) (Stote
21. I certify alive an	that lattended the 2 Juni	deceased fram, 1957, and that dea	1957, ta_ th accurred at <i>I: 301</i> M.D. Afr	PM, fram th		d an the date	w the decease e stated above DATE SIGNE
PHYSICIAN'S NAME (Type)		E. HALL					
220. BURIAL, CREMAT REMOVAL (Specif BURTAL		THE OF COMETER		Carr	ON (City, town, oll CO.	or county) Md.	(Stote)
23. FUNERAL DIRECTO	R'S SIGNATURE	Winfield Md.	24a. REC	D BY REGISTR		STRAR'S SIGNATU	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camples page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death. VS A1S (4) 1SM 9/SB

YSICIAN: The law requires that the death certificate be execut

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	STATE DEPARTMENT OF HEALTH—BALTIMOR	E, 18
6620	CERTIFICATE OF DEATH	GHE

06609

		0013		CERTIF	ICA	IE OF DEATI			Reg. Dist.	No.	
	PLACE OF DEATH			MARYLA		2. USUAL RESIDENCE (WI	here decease	b. COUNTY	n: Residence	before ad	mission)
		N (If autside carporate limi	ls, write	c. LENGTH OF STAY IN	16	Maryland c. CITY OR TOWN (IF	autside corp			nearest	town)
	Svkesvi	e nearest town)		29 days		Baltimore		3	V01-	11	
		SPITAL (If not in haspital, a	ive street	address)		d. STREET ADDRESS					RESIDENCE N A FARM?
	-	ield State H	ospit	al		2706 Halc:	yon Av	e.			NO 🔀
3.	NAME OF DECEASED	Fir	st	Middle		Lost	4. DATE OF	Mont	h	Day	Year
_	(Type or print)	Caroly		Freder			DEATH	0 UL		11	19 59
5.	SEX	6. COLOR OR RACE		RIED MEVER MARRIED		DATE OF BIRTH		last birthday)		-	INDER 24 HRS.
10-	Female	White	WIDOW			pril 26, 19	11	148 yrs.			
100	during most of	ATION (Give kind of wark of working life, even if retired)	Jane 10b.	KIND OF BUSINESS OR	INDUSTI		ar foreign	country)			HAT COUNTRY?
13	FATHER'S NAME	Work				Maryland 14. MOTHER'S MAIDEN	NAME		0.	S.A.	
	-	0123			M	Eval Erte					
15.	WAS DECEASED	EVER IN U. S. ARMED FOR	CES? 16	SOCIAL SECURITY NO.	17. INF	ORMANT	<u></u>	Addr	ess		
	s, no or unknown)	(If yes, give war or dates of s	ervice)		100		Unend 4				
=	IN CAUSE OF	DEATH [Enter only one co		212=10=3098		pringfield	HOSDI	ar Record	13	INITEDVA	L BETWEEN
		DEATH WAS CAUSED BY:			in a	anaan				ONSET A	NP DEATH
	IMAY	IMMEDIATE CAUSE (a	176	tastatic bra	THE C	ancer				MOL	VIID
	Canditions, i	f ann sublab)	Car	ncer of the	bres	st				yea	rs.
	gave rise to	immediate (-								
	lying cause lo	ng the unger-									
O	PART II.	OTHER SIGNIFICANT CON		CONTRIBUTING TO DEATH	H BUT N	OT RELATED TO THE TERM	INAL DISEA	E CONDITION GIV	EN IN PART 1	(a) 19. W	AS AUTOPSY
3	Psychot	ic depressiv	e rea	action.							NO A
CERTIFICATION	200. ACCIDENT	WAS UNDERLYING [] NG [] CAUSE OF DEATH IFY MEDICAL EXAMINER)			URRED.	(Enter nature of injury in	Part I ar Pa	rt II af item 18.}			
MEDICAL	20c. TIME OF IN		20d. II	NJURY OCCURRED 20	De. PLAC	E OF INJURY (Hame, farm ry, street, affice bldg., etc	n, 20f. (Cit	y ar town)	(Cou	nty)	(State)
ME	ρ.	10		k al work							
4	21. I certify	that I attended the	deceas			, 1959 to J					he deceased
	alive an1	une 11	19 1	59, and that d	eath c	ccurred at5:05	P.M. fra	m the causes a	nd an the	date s	tated abave.
	ACTUAL	7 +		0.0 0.				street, city or town,		,	DATE SIGNED
	SIGNATURE	1 grown	10	ree Can	ef kl	8 Spring	fleld	State Hos	pital		T5/2A
	PHYSICIAN'S NAME (Type)_	Mgustin del	Cam	00, M.D.		Sykesvi	lle, l	Maryland		-4	
220	BURIAL CREMA	TION, 226. DATE THEREC	F	22c. NAME OF CEMETE	RY OR	CREMATORY	22d. LOCA	TION (City, Iown, o	r county)	((State)
		6-15	1959		nael	's Luth		erry Hall		Jary]	and
23.	FUNERAL DIRECT	OR'S SIGNATURE		ADDRESS			D BY REGIS		TRAR'S SIGN	ATURE"	
	Lassahn	Funeral Home		7401 Belair	Ro	ad DATE JI	UN 15'	59 Cl	Thun 8 9	Soul	

MARKIAND STATE DEVALUMENT OF HEALTHS TAITIMORE, I BI 21.0 OVA BOYD EN BOYS alla tractions Free to read t -----Endred Const Jady Donaman D allowed last and we would be the second 4 A Company of the Comp halostine redicerally at Bullottoniton bearing through the state of th

FOR STATE HEALTH DEPT!

bur files. or. Page

D DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is nec execute the certificate, writing a world "pending" in pencil in Item, 18. Give Pages 1, 2, and 10 the funeral of 4 should be (for any part of the funeral of 5 my be retained to 7 though a page 1. The funeral of 10 the funeral of 5 my be retained to 7 the funeral DRE-ITOR: Page 3 should be used as o burial-transit permit. File pages 1 and 2 with the State Boat or its designated agant, prior to burial, cremation, or remaral, and in any event-within 72 hours after death. TO DEPUTY MEDICAL EXAMINER execute the cell ficate, writing 4 shauld be (probed to the TO FUNERAL DIRECTOR: Page 3

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6621 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06610

1. PLACE OF DEATH C. COUNTY Carroll MARYLAND B. CITY OR TOWN If equivale corporate limits, write RURAL B. CITY OR TOWN If equivale corporate limits, write RURAL and give nearest leave) Sykesville James 10days Baltimore 2 d. CITY OR TOWN (If outlide corporate limits, write RURAL and give nearest leave) Springfield State Hospital James 10days Springfield State Hospital June Springfield Hospital June Springf
Description Carroll
Sykesville 3mos.lodays Baltimore 2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital give street oddress) Springfield State Hospital 3. NAME OF DECRASS OF A FARM. Springfield State Hospital 3. NAME OF DECRASS (Type or print) Name Helena Flading 5. SEX 6. COLOR OR RACE White Wildow Wildow Wildow Wildow Wildow Wildow Wildow No 100. USUAL OCCUPATION (Give kind of work done) Wildow Wildow Wildow Wildow Wildow Divorced Divorced Divorced Divorced Divorced Divorced Divorced Divorced Divorced Name No 10. USUAL OCCUPATION (Give kind of work done) Wildow Wildow No 10. KIND OF BUSINESS OR INDUSTRY 11. BIKINFLACE (slote or foreign country) Maryland Maryland 12. CITIZEN OF WHAT COUNTRY Was allowed 13. FATHER'S NAME Albert Flading 15. WAS DECRASSO EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Springfield Hospital Records 18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) IMMEDIATE CAUSE (o) LOUE TO Conditions, if any, which gove rise to immediate course (o), stoling the underlying Court of the court o
Springfield State Hospital 1. 221 Valley Street Continue Con
Springfield State Hospital 3. NAME OF OCCASED (Type or print) Marie Helena Flading 5. SEX 6. COLOR OR RACE 7. MARRIED NUDOWED NUD
Decay Decay Decay Decay Death June Death Dea
State Stat
Female White WIDOMED DIVORCED July 10, 1924 34 yrs. Months Days Hours Min. 10a. USUAL OCCUPATION (Give kind of work done of work done of working life, even if retired) Factory Work 13. FATHER'S NAME Albert Flading 14. MOTHER'S MAIDEN NAME Sarah Geary 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NO 17. INFORMANT Address Springfield Hospital Records 18. CAUSE OF DEATH (Enter only one course per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate course (c), stoling the underlying course last. FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL PART II. Of item 18.)
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Factory Work 13. FATHER'S NAME Albert Flading 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Id. SOCIAL SECURITY NO. IT. INFORMANT NO 16. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Acute peritonitis Days 18. CAUSE OF DEATH (any, which gave rise to immediate cause (o), atoling the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART II(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART II(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART II(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART II(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PAR
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Albert Flading Sarah Geary
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or doise of service) NO 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate cause (o), stoling the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 4 or Part II. of item 18.)
The content of the period of
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Acute peritonitis Days Conditions, if any, which gave rise to immediate cause (o), storing the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) Schizophrenia, paranoid type. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 4 or Part II. of item 18.)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PRIMARY or CONTRIBUTING CAUSE OF DEATH. ONSET AND DEATH Days ONSET AND DAYS ONSET AND DEATH Days ONSET AND DAYS ONSET AND DEATH DAYS ONSET AND DEATH DAYS ONSET AND DEA
PART I. DEATH WAS CAUSE 09 IMMEDIATE CAUSE (a) Acute peritonitis Days Conditions, if any, which gave rise to immediate cause (b) Perforated gastric ulcer Days Due to Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 de Part II. of item 18.)
Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PRINTIL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PRINTIL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. Days Days Days PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PRIMARY or CONTRIBUTING CAUSE OF DEATH.
gave rise to immediate cause (a), stating the underlying DuE TO (c). Foreign body PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PRIMARY OF CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUTION CO
[0], stating the underlying DUE TO (c). Foreign body PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCUPRED. (Enter nature of injury in Part 1 of item 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO 200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 4 of Part II. of item 18.)
Schizophrenia, paranoid type. Performed? Yes No
3 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lawn) (Caunty) (State)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, affice bldg., etc.) While Nat while of work of work of work
21. I certify that I took charge of the remains described obave, held an Autopsy X, Inspection X, Inquiry X, and in my
opinion deoty resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined monner
The state of the s
ACTUAL SIGNATURE SIGNED DATE SIGNED
ASSISTANT MEDICAL EXAMINER
EXAMINER'S James T. Marsh, M.D. DEPUTY MEDICAL EXAMINER 2 6/24/59
220. BURIAL, CREMATION, 22b DATE THEREOF / 22c. NAME OF COMETERS OR CREMATORY 22d. LOCATION (City, Igwn, or county) (Stole)
Burial June 27/59 Holy Redelmer Baltimore
23. FUNERAL DIRECTOR'S SIGNATURE CADDRESS Q 2024 240. REGISTRAR'S SIGNATURE
(Philip Herury some Orleans of DATE Critical & Thomas

. , Terio contell size Company of the Conference of t Complete Complete Uniquesia Signatural Constitution (Constitution) Cortonal Insect Marketing maje eleves better a particular The state of the s Selitecebreakin, parentala cape. e Table Title Const Dig a State of Dig Const Arm Mac and Allera Language of the test of the Arm Arm Allera Cit The control of the state of the 9277E/3 Commence of the contract of th

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in by the fune and 2 should b Pages 1

death. Poge

the attending physician and completely filled Then please remove carban papers. TOR: After Ints certificate has been signed by detoched for use as the burial-transit permit, to burial, cremotion, or removal, and in any e attending physician.

YSICIAN: The law requires that the death certificate be execut

rok: After TO HOSPITAL OR A may be retained by TO FUNERAL DAE page 3 should be a the registrar prior t

VS A1S (4) 15M 9/SB

	COUNTY Carroll CITY OR TOWN (If autside carporate limits, write RURAL and give pearest town) Sykesville NAME OF HOSPITAL (If not in haspital, give street of CRASED (Pe or print) Frances AME OF CEASED (Pe or print) Frances (A. COLOR OR RACE (Pe or print) SUSUAL OCCUPATION (Give kind af wark done libering most af working life, even if retired) HOUSEWIFE (If yes, give war or date of service) R. CAUSE OF DEATH (Enter anly ane cause per lim PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if any, which gove rise to immediate cause (o), stating the underlying couse last. C. B. S. ASSOC. WITH SENIEL (C) OG. ACCIDENT WAS UNDERLYING (C) CO. TIME OF INJURY Manth, Doy, Year (20d. IN Haur a. m. 19 at wark of the cause of June 30 (C) CTUAL CO. COLOR OR RACE (T) MARRING (T) F. EITHER, NOTIFY MEDICAL EXAMINER) 1. I certify that I attended the decease of the cause of June 30 (C) COLOR CONTRIBUTIONS (T) Author (C) COLOR CONTRIBUTY MAD (T) Author (C) COLOR CONTRIBUTY MAD (T) Author (C) COLOR (C) TIME OF INJURY Manth, Doy, Year (20d. IN While at wark of the cause of June 30 (C) COLOR (C) TIME (C) TO THE COLOR (C	CERTIFICA	AIE OF DEF	AILI		Reg. Dist. N	io.
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b. CITY OR TOWN (I RURAL and give ne Sykesville	f autside carporate limits, write earest tawn) B	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside carpo	rote limits, write R	URAL ond give r	learest tawn)
OR INSTITUTION		Compared to the second control of the second	d. STREET ADDRE	Dubbs F	Road		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)		Middle Foote	Goeller	4. DATE OF DEATH	Jun		Day Year 1959
	White wido	WED . DIVORCED .	B. DATE OF BIRTH October 9,		last birthdoy) 86 yrs.	Manths Days	
Housewif	(ing life, even if retired)	b. KIND OF BUSINESS OR INDU	Illin	ois	ountry)		S. A.
	F. Foote		14. MOTHER'S MAID	McKay			
1S. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FORCES? 1		informant ipringfield		Addr L Records		
PART I. DEA 4-20.0 Canditions, if all gove rise to it couse (o), stating lying couse last.	TH WAS CAUSED BY: MMEDIATE CAUSE (a)	Arterioscleroti			E CONDITION GIV	Ol	ITERVAL BETWEEN NSET AND DEATH Years 19. WAS AUTOPS)
20a. ACCIDENT WA	S UNDERLYING 20b. DI	ESCRIBE HOW INJURY OCCURRE					PERFORMED? YES NO
20c. TIME OF INJUR Haur a. m.	Y Manth, Doy, Year 20d Whi	£_	ACE OF INJURY (Hame, ictary, street, affice bldg	farm, 20f. (City	or tawn)	(Caunt	y) (State
ACTUAL SIGNATURE		159_, and that death	occurred of 10:	ADDRESS (S	the couses on treet, city or town, ate Hospi	d on the do state)	the decease the stated above DATE SIGNE 6/30/5
220. BURIAL, CREMATIO REMOVAL (Specify) Burial	7-3-59	22c. NAME OF CEMETERY C			TION (City, lawn, c		(State)
23. FUNERAL DIRECTOR" Brooks Fun		e,Towson 4, N		REC'D BY REGIST		STRAR'S SIGNAT	

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6623

CERTIFICATE OF DEATH

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OON	<u> </u>				reg. Dist. 140.
1. PLACE OF DEATH a. COUNTY Carroll		MARYLAND	2. USUAL RESIDENCE (Was a. STATE	there deceased lived. If institution b. COUNT	YCarroll
b. CITY OR TOWN (If outside corpor RURAL and give nearest town) rural Westmin	ACCEPAGE	c. LENGTH OF STAY IN 1b		outside corporote limits, write	RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in ho OR INSTITUTION	spital, give street	address)	/d. STREET ADDRESS R.D.	5	e. IS RESIDENCE ON A FARM? YES W NO
B. NAME OF DECEASED (Type or print) FAN	First NIE	Middle B. I	Lost LAINES	4. DATE Mo OF DEATH JUNE	Day Year 12, 1959
female whit	e WIDOWE		8-17-1869		Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of during most of working life, even if NOUS OWITE	f work done 10b.	kind of Business or Indi home	JSTRY 11. BIRTHPLACE (State Maryla		12. CITIZEN OF WHAT COUNTR
13. FATHER'S NAME	7- TAT	1	14. MOTHER'S MAIDEN		
Frederic			Mary	Baker	
15. WAS DECEASED EVER IN U. S. ARM (Yes, no, or unknown) IO			Stanley L.		dress Same
lying couse lost.	Un	CONTRIBUTING TO DEATH BU	sten	Ma	IVEN IN PART 1(0) 19. WAS AUTOPPERFORMED? YES NO
	ay, Year 20d. It		LACE OF INJURY Home, far actory, street, office bldg., et		(County) (Sta
21. I certify that I attended alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) E. REF	the decease 19	ed from that deat	1, 1990. In occurred when the second	M, fram the causes a ADDRESS (Street, city or town	That I last saw the decease and an the date stated aban, stote) 134
220. BURIAL, CREMATION, 22b. DATE REMOVAL (Specify) 6-15	THEREOF -1959	Sams Creek	R CREMATORY Brethren	22d. LOCATION (City, town, Carroll Co	or county) (State)
23. FUNERAL DIRECTOR'S SIGNATURE C. M. Waltz.	Win	ADDRESS nfield, Md.			GISTRAR'S SIGNATURE Jally & Thank

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. ithin 24 hours YSICIAN: The law requires that the death certificate be execute attending physician. y the haspirer TOR: After this o may be retain TO FUNERAL DIRE TO HOSPITAL OF

VS A15 (4) 15M 9/5B

Page 4

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VS A15 (4) 15M 10/57

	MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
6	624	CERTIFICATE	OF	DEATH	

CERTIFICATE OF DEATH

06613

		13	JU	d
leg.	Dist.	No.		

- 100	
	1). PLACE OF DEATH o. COUNTY o. COUNTY ARIZO LL MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY ARIZO LL MARYLAND
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
1	NEWWINDSOR YEARS NEW WINDSOR
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION e. IS RESIDENCE ON A FARM? YES \(\bigcap \) NO
	3. NAME OF DECEASED (Type or print) ROLAND RUSSELL HILL OF DEATH JUNE 23 1959
	5. SEX 6. COLOR O'R RACE 7. MARRIED DEVER MARRIED B. DATE OF BIRTH 5. SEX 6. COLOR O'R RACE 7. MARRIED DEVER MARRIED B. DATE OF BIRTH 5. SEX 6. COLOR O'R RACE 7. MARRIED DEVER MARRIED B. DATE OF BIRTH 6. COLOR O'R RACE 7. MARRIED DEVER MARRIED B. DATE OF BIRTH 6. COLOR O'R RACE 7. MARRIED DEVER MARRIED DEVER MARRIED DEVER MARRIED DEVER MARRIED DEVER MARRIED MIN. 6. COLOR O'R RACE 7. MARRIED DEVER MARRIED DEVER MARRIED DEVER MARRIED MIN. 6. COLOR O'R RACE 7. MARRIED DEVER MARRIED DEVER MARRIED MIN. 7. MARRIED DEVER MARRIED DEVER MARRIED MIN. 7. MARRIED DEVER MARRIED DEVER MARRIED MIN. 8. DATE OF BIRTH 7. MARRIED DEVER MARRIED DEVER MARRIED MIN. 8. DATE OF BIRTH 7. MARRIED DEVER MARRIED MIN. 8. DATE OF BIRTH 7. MARRIED MIN. 8. DATE OF BIRTH 8. DATE OF BIRTH 8. DATE OF BIRTH 8. DATE OF BIRTH 9. AGE (In years) Months Days Hours Min. 9. AGE (In years) Months Days Hours Min. 9. AGE (In years) MARRIED MIN. 9. AGE (In years) MARRIED MIN. 9. AGE (In years) MONTHS MIN. 9. AGE (IN YEAR) MO
	100. USUAL OCCUPATION (Give kind of work dane of work dane during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY?
1	MOTOR TENDER QEMENT JUANT MARY LAND U,S
1	The state of the s
	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT / Address // Address
	(You no No No 1 1 you grow of or date of service) 2/3-03-1008 MRS. HATTIE TO HILL NEW WINDSOR
1	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH
	IMMEDIATE CAUSE (0) It willight mystoma 4 mo
	dO3X DUE TO
	Conditions, if ony, which gave rise to immediate DUE TO
	lying couse lost.
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	YES NO TO
_	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO SECURITY OF CONTRIBUTING CONTRIBUTING CONTRIBUTION OF CONTRIBUTING CONTRIBUTION CONTRIBU
	20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 20d. INJURY OCCURRED While at wark at work at work 19 at work 19 20d. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
1	21. I certify that I attended the deceased from Feb., 1959, to July 23, 1959, that I last saw the deceased
1	alive an figure 27, and that death accurred at 9 M, from the causes and an the date stated above.
	ACTUAL SIGNATURE JULIEN J. March M.D. ADDRESS (Street, city or town, stole) PATE SIGNED Left STR
	PHYSICIAN'S NAMES T. MARSH Walunuler my
1	Bremoval (Specify) 6/29/59 MT. OLIVE CEM. FREDERICK SUNTY (State)
3	ADDRESS LEVEL SOLD SEGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR'S SIGNATURE DATE JUN 29'59 Citing 8. Kina

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH

Reg. Dist. No.

Carroll		MARYLAND	o. STATE	rvland	b. COUNTY	City	ore admission)
/N (If outside corporate limits ve nearest lown)		H OF STAY IN 15	c. CITY OR TOWN (e limits, write RU	JRAL ond give ne	earest town)
OSPITAL (If not in hospital, giv	re street address)		d. STREET ADDRESS		9.		e. IS RESIDENCE ON A FARM? YES NO
		Murphy	Hippler	4. DATE OF DEATH	June	th 25	y Year 1959
		VER MARRIED I	B. DATE OF BIRTH February 3	, 1884	AGE (In years last birthday)	Months Days	Hours Min.
working life, even if retired)	one 10b. KIND OF B	BUSINESS OR INDUS	Marylan	N NAME	itry)	12. CITIZEN O	F WHAT COUNTRY?
EVER IN U. S. ARMED FORC	vice)		NFORMANT			45-	
DEATH Enter only one countries on the countries of the co			iovascular	disease		INT	ERVAL BETWEEN SET AND DEATH Years
TWAS UNDERLYING TING CAUSE OF DEATH	ohilis 006. DESCRIBE HOW	V INJURY OCCURRED). (Enter noture of injury	in Port I or Port II	of item 1B.)		YES NO
m. 19	While Not v	while foc	tory, street, office bldg.,	etc.)			
Typictmi	deceased frams, 19 59 All Campo, 1	Campa	accurred at 9:30	PM, fram th ADDRESS (Street	e causes and et, city or lown, e Hospi	d an the dat stote)	
	DEATH Enter only one could for immediate ing the under ost. OTHER SIGNIFICANT CONDESSOC WITH CETA ONLY (C). TWAS UNDERLYING [1] TWAS UNDERLYING [1] TING [1] CAUSE OF DEATH [1] TING [1] CAUSE OF DEATH [1] THE DICAL EXAMINER) JURY MONTH, Day, Year [1] That I attended the condition of the	DEATH [Enter only one couse per line for (o), life only, which of immediate CAUSE (o) DUE TO ost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTES CAUSE OF DEATH ITTY MEDICAL EXAMINER; WAS UNDERFYING COUNTY MEDICAL EXAMINER; WAS UNDERFY MEDICA	Catherine Easter Murphy	Catherine Easter Murphy Hippler	SPETAL (If not in hospital, give street address) SPETAL (If not in hospital, give street address) SPETAL (If not in hospital, give street address) A. STREET ADDRESS L906 Grindon Av.	SPITAL (If not in hospital, give street address) Catherine Easter Murphy Hippler Catherine Easter Murphy Hippler 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH June Middle WIDOWED DIVORCED February 3, 1884 ATION (Give kind of work done libb. KIND OF BUSINESS OR INDUSTRY III. BIRTHPLACE (Stote or foreign country) Maryland 14. MOTHER'S MAIDEN NAME Mary O'Neil REVER IN U. S. ARMED FORCES? Industry III. BIRTHPLACE (Stote or foreign country) Maryland 14. MOTHER'S MAIDEN NAME Mary O'Neil DEATH (If year, give wor or dots of service) DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) Hypertensive cardiovascular disease DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CAY BESSOC. WITH CETEBRAL ATTERIORS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CAY BESSOC. WITH CETEBRAL ATTERIORS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CAY BESSOC. WITH CETEBRAL ATTERIORS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CAY BESSOC. WITH CETEBRAL ATTERIORS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CAY BESSOC. WITH CETEBRAL ATTERIORS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CAY BESSOC. WITH CETEBRAL ATTERIORS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CAY BUT DISEASE CONDITION CONTRIBUTION COURRED CONTRIBUTION COURSES (GIVE CONTRIBUTION COURSED CONT	Septral (if not in hospital, give street address) Septral (if not in hospital, give street address) Septral (if not in hospital) Catherine Easter Murphy Hippler 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH June Septral birthdoy) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH June Septral birthdoy) Months Doys Septral birthdoy Septral

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If gotside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 3. NAME OF 4. DATE First Middle Day Year DECEASED OF DEATH (Type or print) 195 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Min. WIDOWED Z DIVORCED | 100/ USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give war or dates of service) 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO Conditions, if any, which gove rise to immediate DUE TO coese (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc. Hour Q. m Not while at work of work ine 22 1959, that I last saw the deceased 21. I certify/that I attended the deceased from POOM, fram the causes and an the date stated above. and that death accurred at SIGNATUR PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION, 22by DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S STONATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Orthun S. Kraus

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6627

CERTIFICATE OF DEATH

06618

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Carroll			MAR	CLAND	2. USUAL RESIDENCE (W o. STATE Maryland	here decease	b. COUNTY		ce before	odmissi	ion)
b. CITY OR TOWN (RURAL ond give n Henryto		s, write c. l	LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF		prote limits, write f	X - 2	give near	est town)
OR INSTITUTION	TAL (If not in hospital, gi		ess)		d. street address Merriman	venue			•		FARM?
3. NAME OF DECEASED (Type or print)	Firs		Middle		Johnson	4. DATE OF DEATH	Mor June		Doy 19		Year 19 59
5. SEX Female	6. COLOR OR RACE		NEVER MARRI	ED	3. DATE OF BIRTH		9. AGE (In years last birthdoy) 62 yrs.	_		_	
10a. USUAL OCCUPATION during most of wor Lunchroom	ON (Give kind of work d				TRY 11. BIRTHPLACE (Stote			12.CITI	U. S		OUNTRY?
13. FATHER'S NAME	enry Lumpkin	S			14. MOTHER'S MAIDEN Annie Jol		. 111				
	R IN U. S. ARMED FORC	ES? 16. SOC	ial security no	Na:	Mormant Innie Harrison	n - Si	ster 5935	old	Fred	leri	ck Ro
Conditions, if a gove rise to couse (a), stoting lying couse lost. PART II. OTI	the <u>under-</u> DUE TO (c)	DITIONS <u>CONT</u>	TRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	IINAL DISEAS	SE CONDITION GIV	VEN IN PAR	/	PERFO	RMED?
OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY C	CCURRED). (Enter noture of injury in	Port I or Por	rt II of item 1B.)	11		YES [но 🗆
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Yea	While	Not while of work		CE OF INJURY (Home, for tory, street, office bldg., et		y or town)	(6	County)		(Stote
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	dyavs Mine Edgars M	, 1959 Maco. • Macu.	lacy	death	Henryton St	ADDRESS (Sorton, 1	the causes are street, city or town, Maryland	nd an the stote) Henry	e date	stated DAT	d above se signed 9-59
REMOVAL (Specify	6-23-59		Cherry H				ranite M		GNIATUR		
23. FUNERAL DIRECTOR	AN ATTOM	1 : 0	Redt	Des		N 2 3 '5		Chur S.			

completely filled in by the funera SICIAN: The law requires that the death certificate be execute certificate has been signed by the attending physician and TO HOSPITAL OR ATTENDING PAYSICIAN: The law requires that the death certificate be may be retained by the haspital ottending physician.

TO FUNERAL DIX STOR: After this certificate has been signed by the attending physician page 3 should be detached for use as the buriol-transit permit. Then please remove agonthe registrar prior to buriol, cremation, or removal, and in any event within 72 hours of the registrar prior to buriol, cremation, or removal, and in any event within 72 hours of the registrar prior to buriol, cremation, or removal, and in any event within 72 hours of the registrar prior to buriol, cremation, or removal, and in any event within 72 hours of the content of the conten

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06619

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CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	No. 2 Inc. 18		MARYL		o. STATE Maryland	here deceased	lived. If instituti b. COUNTY	on: Residen	ce before	admissi	on)
carroll	If outside corporate limits,	weite - IEI	NGTH OF STAY IN		c. CITY OR TOWN (If a					at town	, ,
RURAL ond give n	eorest town)	- 1 4 5					1.0		All I	si iown	
Sykesvil	Le TAL (If nat in haspital, give		r. 2 mo,	Zaag	d. STREET ADDRESS		10	11-		IS RESI	DENICE
OR INSTITUTION			5)			a e4				ON A	FARM?
	eld State Ho	spital			5 E. Thir	- Y					NO 🔀
3. NAME OF DECEASED (Type or print)	(CADDA)		Louise		Kellogg	4. DATE OF DEATH	June	ith	Doy 12		ear 9 59
S. SEX	6. COLOR OR RACE 7	- MARRIED	NEVER MARRIED	B.	DATE OF BIRTH	9	9. AGE (In years last birthdoy)	IF UNDER Months	_		
Female	White V	/IDOWED [DIVORCED		ebruary 22,	1882	77 yrs.	Months	Days I	Hours	Min.
10a. USUAL OCCUPATION	ON (Give kind of wark da king life, even if retired)	ne 10b. KIND	OF BUSINESS OR			or foreign co	untry)	12.CITI	ZEN OF W	/HAT C	DUNTRY
	loyee Clerk				Iowa			U.	S.A.		
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
E. Evert	on Kellogg				Mary -						
IS. WAS DECEASED EVE	R IN U. S. ARMED FORCE	S? 16. SOCIA	L SECURITY NO.	INF	ORMANT		Add	ress			
(Yes, no, or unknown)	(If yes, give war or dates of servi	ce)		Sni	ingfield Ho	spital	Records				
Canditians, if o gave rise to i couse (a), stating lying cause lost. PART II. OTI C. B.S. a. C. A.C. DENI W. OR CONTRIBUTION (IF EITHER, NOTIFY	the under: DUE TO (c)_ HER SIGNIFICANT CONDITIONS SSOC. WITH C	General Contribution of the Contribution of th	rioscler (relized a BUTING TO DEAT arteric HOW INJURY OCCURRED 2	TH BUT NOSCLECURRED.	heart dise riosclerosis OT RELATED TO THE TERM Prosis witho (Enter noture of injury in E OF INJURY (Home, form ry, street, affice bldg., etc.	INAL DISEASE ut qua. Port I or Port	lifying	phras	ye 1 1(a) 19.	PERFOR	AUTOPSY
21. I certify th	nat I attended the d	eceased fro	om August	t 15	, 19 <u>58</u> , to J	une 12					
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	fues H. Boe	Beier	me c		occurred all No. Springf Sykesvi	ield S	eet, city or town.	stote)			abave E SIGNED
220. BURIAL, CREMATIC REMOVAL (Specify)	ON, 22b. DATE THEREOF		NAME OF CEMET			22d. LOCATI	ON City, town,	MA.	eyls	(State	P
23. FUNERAL DIRECTOR	Stignature Chailero	h. 0	Tredere	de	240. REC	D BY REGISTE N 1 6 '59		STRAR'S SIG			

STOR: After this certificate has been signed by the attending physician and completely filled in by the fordetached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should estached for use as the burial-transit permit. Then please remove corbon papers, went within 72 hours after drafth. YSICIAN: The law requires that the death certificate be execut TO HOSPITAL OR ATTENDING PAYSICIAN: The law requires that the death certificate be may be retain by the hospit attending physician.

TO FUNERAL DINCTOR: After this certificate has been signed by the attending physician are page 3 should be detached for use as the buriol-transit permit. Then please remove corbot the registror prior ta buriol, crematian, or removal, and in any event within 72 hours after

VS A1S (4) 1SM 9/S8

funeral director, uld be filed with

death. Page 4

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Pag Diet No

	0 (00							Reg. Dist.	140.	
1. PLACE OF DEATH a. COUNTY	Carroll		MAR	YLAND	2. USUAL RESID	ence (Wh	MATERIAL STREET	lived. If instituti b. COUNTY			ission)
b. CITY OR TOWN (I RURAL and give n	If outside corporate limit	s, write	c. LENGTH OF STAY	IN 16	c. CITY OR T	OWN (If o	utside corpora	ite limits, write R	URAL and give	nearest to	wn)
rural-	-Sykesvil	le	14yrs		× R	ural	Syk	esville	9		
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospitol, g	ive street ac	ddress)		d. STREET AT		al Hi	ll Rd.		ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fire EDGAR	st	Middle J.		Lost HERWOO		4. DATE OF DEATH	JUNI	_	Day	Yeor 1959
5. SEX	6. COLOR OR RACE	7. MARRIE	ED NEVER MARRI		DATE OF BIRTH		9	. AGE (In years	IF UNDER 1 Y		DER 24 HRS.
male	white	WIDOWED	DIVORCE	ED 🔲	9-16-	1884		lost birthday)	Months Da	ys Hour	s Min.
10a. USUAL OCCUPATIO	ON (Give kind of work oking life, even if retired)	lone 10b. K	IND OF BUSINESS	OR INDUST	RY 11. BIRTHPLA	ACE (State	or foreign cou	ntry)	12. CITIZE	N OF WHA	AT COUNTRY?
Labor			eneral		Ma	ryla	nd		U	.S.	
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME				
	Joshua Le	athe	rwood		J	enni	е Нос	bc			
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16. S	OCIAL SECURITY NO). 17. INI	FORMANT			Add	ress		
no			6-10-030	5 M	rs. Ma	bel :	Leath	erwood.	Sam	e	
Conditions, if a gave rise to i cottle (o), stoting lying cause lost. PART II. OTI	mmediate (ONTRIBUTING TO DE	ATH BUT N	OT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART 1(PERF	S AUTOPSY FORMED?
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCI	RIBE HOW INJURY C	CCURRED.	(Enter nature of	injury in F	art 1 or Part 1	l of item 18.)		1 165	7 140 []
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Yea	While of work	JURY OCCURRED Not while at work		E OF INJURY 11- ory, street, office			r town)	(Cour	nty)	(State)
21. I certify the clive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATIC REMOVAL (Specify) 23. FUNERAL DIRECTOR	6-24-1	185 g	22c. NAME OF CEM	METERY OR	PAN CREMATORY theran	do	AR, from ADDRESS (SITE	DN (City, town, coll Co	and an the state)	Market Sta	
C. M.	Waltz.	Win	field, N	Ad.			IN 2 5 '5		return & +		
		and the same of the same				DAIL OL	719	4,000			

O FUNERAL DI OR: After I strifficate has been signed by the attending physician and campage 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. The registrar prior to burial, crematian, ar remaval, and in any event within 77 traus ofter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed TO FUNERAL DI page 3 shauld by

funeral director,

death: Page 4

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6631

CERTIFICATE OF DEATH

Pag Diet No

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						Keg. I	7131. 140.	
o. COU	NTY /	2011	MARYLA	2. USUAL RESIDENCE (W. o. STATE 12)		. If institution: Resid	ence before adm	ission)
b. CITY RURA	OR TOWN (If outside and give nearest to	e corporate limits, writ	304edi		L 1.	pits, write RURAL and	d give nearest to	wn)
d. NAM OR II	NE OF HOSPITAL (IF INSTITUTION 2 OAK	ot in hospital, give stre	eet oddress)	d. STREET ADDRESS	ak St		ON	RESIDENCE A FARM?
3. NAME (DECEAS (Type or	ED	First	Middle Le	Allierwood	4. DATE OF DEATH	Month 1 411 P	Day 30	Yeor 19.59
5. SEX	21.	1. 1.	ARRIED NEVER MARRIED	B. DATE OF BIRTH	1898 9. AG		Days Hour	IDER 24 HRS.
during	nechani	even if retired)	Garage	NDUSTRY 11. BIRTHPLACE (Ston	or foreign country)	12. C	U.S,	AT COUNTRY
13. FATHER	Jesse		therwood	14. MOTHER'S MAIDEN	- 11	arrise	24	
IS. WAS D (Yes, no. or u		S. ARMED FORCES? ve war or dates of service)	217-01-5432	MRS. WOUISE	e Leathe	Address PWOOD,	SAM	ie
1B. C/	PART I. DEATH WA		line for (a), (b), and (c).	ronary &	wom be	sts	INTERVAL ONSET AN	BETWEEN I
Conc gove couse	ditions, If any, wherise to Immedia (o), stoting the und cause lost.	ote DUE TO	Coronary	Schrosi			Morn 34	the ears
NO LE STIPLE OR CO) (c)	S CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	NINAL DISEASE CON	DITION GIVEN IN PA	PERI	S AUTOPSY FORMED?
	CCIDENT WAS UNDI ONTRIBUTING CAL HER, NOTIFY MEDICA	ERLYING 206. D JSE OF DEATH AL EXAMINER)	ESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of injury in	Port I or Part II of	tem 1B.)		
	ME OF INJURY Mon dour a. m. p. m.	whi		e. PLACE OF INJURY (Home, fari factory, street, office bldg., et	m, 20f. (City or tov	vn)	(County)	(State)
21. I alive	on	ttended the dece	50			causes and an ity, or town, state)	the date sta	
SIGNA PHYSK NAME	CIAN'S	U.B. C	4/well	M.D	Airy	and	6/30,	159
220. BURIA	L, CREMATION, 22b	7-3-1959	22c. NAME OF CEMETER	RY OR CREMATORY	22d. LOCATION (City, town, or county)	(SI	md.
23. FUNER	AL DIRECTOR'S SIGN	ATURE L	SINFIELD	6.1	O BY REGISTRAR	24b. REGISTRAR'S S	S. Kraus	

and And 197			COLUMN TO LOCAL TO AND ADDRESS OF THE PARTY.
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6	632 CERTIFIC	ATE OF DEATH	11062 3 Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Carroll	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. o. STATE Maryland	If institution, Residence before admission) COUNTY Carroll
b. CITY OR TOWN (If outside corporate limi RURAL and give nearest town) Rural, Westminster	ts, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside corporate lim X Rural, Westminster	its, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, good Institution Westminster, R.D.1 (S	ilver Run)	Westminster, R.D.1 (Si	1ver Run) e. Is residence ON A FARM? YES NO THE
3. NAME OF DECEASED (Type or print) Franklin		Lost 4. DATE OF DEATH J	Month Day Year Tune 3 19 59
s. sex 6. COLOR OR RACE White	7. MARRIED NEVER MARRIED NIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE lost 9/17/1876 82	(In years birthday) yrs. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of wark during most of working life, even if retired Retired Farmer	dane 10b. KIND OF BUSINESS OR IND His own farm (R	USTRY 11. BIRTHPLACE (State or foreign country) Cet) Carroll Co., Md.	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME David K. Leppo		Annie Myers	
15. WAS DECEASED EVER IN U. S. ARMED FOR IYEs, no. or unknown) (If yes, give wor or doles of s	ervicel	informant irs. Mary C. Leppo, West	Address minster, Md. R.D.1
18. CAUSE OF DEATH [Enter only one co PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a 422./ DUE TO	Arteris Beleva	tie Cardio-Verseulor	disease INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gove rise to immediate coëse (a), stating the under-lying cause last.			
PART II. OTHER SIGNIFICANT CON	IDITIONS <u>CONTRIBUTING TO DEATH</u> BL	JT NOT RELATED TO THE TERMINAL DISEASE COND	DITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO X
PART II. OTHER SIGNIFICANT CON		OT NOT RELATED TO THE TERMINAL DISEASE COND	PERFORMED? YES NO X

ACTUAL

and that death occurred at 4. A. M., from the causes and on the date stated above.

(State)

22b. DATE THEREOF 220. BURIAL, CREMATION, REMOVAL (Specify) BULLIAL 6/6/59

22c. NAME OF CEMETERY OR CREMATORY St. Marys Cemetery

22d. LOCATION (City, town, ar county) Silver Run, Carroll Co., Md.

23. EUNERAL DIRECTOR'S SIGNATURE

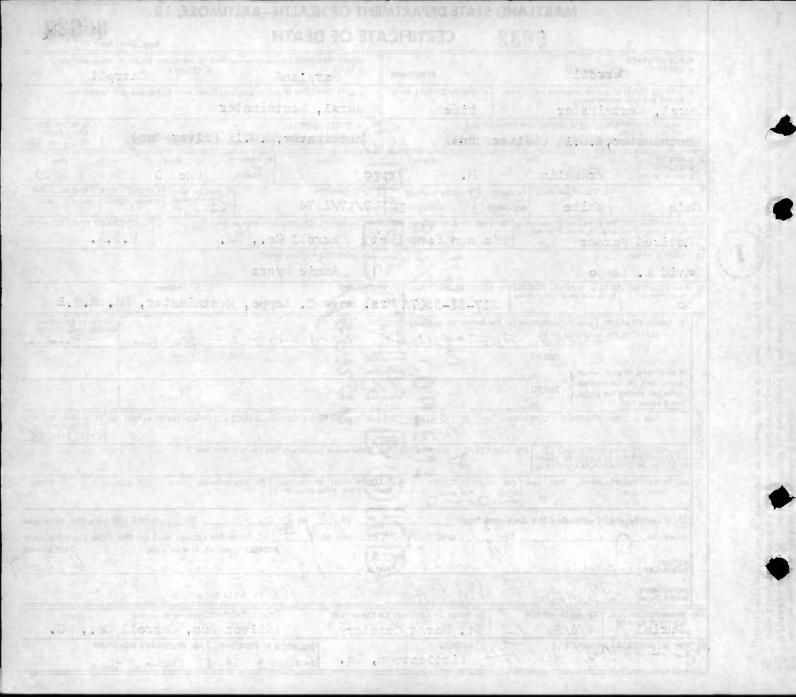
PHYSICIAN'S NAME (Type)

ADDRESS Littlestown, Pa.

24a. REC'D BY REGISTRAR DATE JUN 5

24b. REGISTRAR'S SIGNATURE Orthun S. Kraus

TO HOSPITAL OR TO FUNERAL DY VS A1S (4) 1SM 9/55



VS A1S (4) 15M 9/5B

	MARYLAŅI	0 500	ENT OF HEALTH	H-BALTIMORE, 18	
	6633	CERTIFICA	ATE OF DEATH	- R	eg. Dist. No.
	1. PLACE OF DEATH o. COUNTY Carroll	MARYLAND	2. USUAL RESIDENCE (WI	nere deceosed lived. If institution: b. COUNTY	Residence before admission)
	b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corporate limits, write RURA	AL and give nearest town)
	RURAL ond give nearest town) Henryton	266 days	Baltin	nore	3101.4
3	d. NAME OF HOSPITAL (If not in hospitol, give street or institution Henryton State	ospital	d. STREET ADDRESS 306 N	Eden Street	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First DECEASED (Type or print) Thomas	Middle	tost Mack	4. DATE Month OF DEATH June	Day Year 6, 19 59
	37 7 37 37	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 10-13-05		UNDER 1 YEAR IF UNDER 24 HRS. Nonths Doys Hours Min.
1		astern Savage	o. Chester	S. C.	12. CITIZEN OF WHAT COUNTRY?
)	13. FATHER'S NAME Henry Mack		Bessie I		
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 1 (Yes, no, or unknown) (If yes, give wor or dates of service)	6. SOCIAL SECURITY NO. 21,7-01-2552	nformant Thomas	Address fack Patie:	
5	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d, Hour a.m., 19 white of w. 21. I certify that I attended the decentive an June 19, 19	SCRIBE HOW INJURY OCCURRED INJURY OCCURRED Not while ork of work Sept.	D. (Enter noture of injury in ACE OF INJURY (Home, fornctory, street, office bldg., etc.) 12, 19 58, to June accurred at 2:201	nonary tuberculo INAL DISEASE CONDITION GIVEN Port I or Port II of item 1B.) 1, 20f. (City or town) 11	(County) (Stote) at I last saw the deceased an the date stated abave.
	PHYSICIAN'S Dr. Edgars M.	Maculans	Henryton S	State Hospital,	
	220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	IAry	22d. LOCATION (City, town, are	(Stote) M. d. AR'S SIGNATURE
	C.S. Walson It	LOCO BrANT	Ley Ave DATEJU		1 8. Kraug

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The state of the s	provident in a west of	0.00		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06625 6634 **CERTIFICATE OF DEATH** Reg. Dist. No. erol director, be filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If ootside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS IS RESIDENCE 24 YES NO 3. NAME OF First Middle 4. DATE Last Month Year DECEASED (Type or print) DEATH 19 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HES 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Months Days Hours WIDOWED [DIVORCED poper 100. USUAL OCCUPATION (Give kind of work done during most of working life, eventif-retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? corban ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME emove 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address CAUSE OF DEATH [Enter only one couse per tine or (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH 7 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Feehen DUE TO Conditions, if ony, which gove rise to immediate Severa **DUE TO** cotse (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) M9. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f, (City or town) 20d. INJURY OCCURRED Doy, Year (County) (Stote) foctory, street, office bldg., etc.) o. m Not while of work of work 21. I certify that I attended the deceased from 1911 4, that I last saw the deceased and that death occurred at 2001M, from the causes and an the date stated above. ADDRESS (Street, city or town Atotel ACTUAL SIGNATURE 0 0 shoul PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) page (State) REMOVAL (Specify)

ADDRESS

24b. REGISTRAR'S SIGNATURE

Outhur S. Hours

24a. REC'D BY REGISTRAR

DATE

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VS A15 (4)

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23. FUNERAL DIRECTOR'S SIGNATURE

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			e el el led el	Hardinal S

PLACE OF DEATH

and give nearest town)

Carroll

b. CITY OR TOWN (If outside corporale limits, write RURAL

Woodbine

Mechanics helper

Conditions, if any, which gove rise to immediate cause

(o), stoting the underlying

20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.

220. BURIAL, CREMATION, 22b. DATE THEREOF

Waltz

20c. TIME OF INJURY

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY:

B & O R.R. at Newport Crossing

White

William

If yes, give war or dates of service

IMMEDIATE CAUSE (0) XXXXX

18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]

DUF TO

Month, Day, Year

6-25-1959

June 21,1959

LESTER

WIDOWED |

nose

E. Mauck

e. COUNTY

NAME OF DECEASED

5. SEX

(Type or print)

Male

13. FATHER'S NAME

couse last.

ACTUAL

EXAMINER'S

NAME (Type)

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

CATION

CERTIF

MEDICAL

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6635MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Middle

LEO

garage

16. SOCIAL SECURITY NO

Winfield, Md.

116626

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) b. COUNTY MARYLAND Maryland Howard c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Airy d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Route YES NO 4. DATE Lost Month Day Year DEATH 19 59 MAIICK June 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF SIRTH IFUNDER TYEAR IF UNDER 24 HRS. 9. AGE |In years Months Days Hours Min. DIVORCED [4-16-191 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Virginia U.S. 14. MOTHER'S MAIDEN NAME Mary C. Dinges 17. INFORMANT Address Marv C. Lizi. Mt. Airy, Md. INTERVAL BETWEEN Aspiration of blood from lacerations of mouth and PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO F 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) Driver in auto-train collision 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) While Not while factory, street, office bldg., et of work of work Railroad tracks Woodbine Carroll Maryland 21. I certify that I taak charge of the remains described above, held an Autopsy X, Inspection \(\subseteq \). Inquiry [and find that death resulted frags: Natural causes \(\), Accident \(\), Suicide \(\). Hamicide \(\), Undetermined cause \(\) DATE SIGNED CHIEF MEDICAL EXAMINER 6/22/59 ASSISTANT MEDICAL EXAMINER William V. Lovitt, Jr., M.D. DEPUTY MEDICAL EXAMINER

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county) (Stote)

Pine Grove Mt. Airv. ADDRESS 240. REC'D BY REGISTRAR

DATE JUN 25 '59

24b. REGISTRAR'S SIGNATURE Orthur & Kraus

VS. A 15ME(5) 5M 9/55

the registrar prior to burial, cremation,

TO FUNERAL DX page 3 should be TO HOSPITAL OR

VS A15 (4) 1SM 10/57

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CERTIFICATE OF DEATH 6636

Reg. Dist. No.

NACE OF DEATH	To usual assuments and
1. PLACE OF DEATH o. COUNTY MARYLAND	o. STATE Country level b. COUNTY (Series of the country level b. COUNTY (COUNTRY LEVEL)
b. CITY OR TOWN (If putside carporate limits, write RURAL and give neasest fown) 20 945	c. CITY OR TOWN/(If-outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS o. IS RESIDENCE ON A FARM? YES \(\sum \) NO
3. NAME OF DECEASED (Type or print) LEE - A - Meddle (Type or print)	TEE Last 4. DATE Manth Doy Year DEATH June 16 19-59
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH May 12-1872 9/8GE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. May 12-1872
100. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDL during most of working life, even if retired)	Aloge Ma W.S.A
13. FATHER'S NAME William Mc Gee	Lurch Heury
15. WAS DECEASED EVER IN U. S. ARMED FÖRCES? (Yes. no. or unknown) (If yes you of dries of service) (If yes you of dries of service)	Us Earl Hann Millers Willers
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 7 CAUTURE CAUSE (o) 7	levatic Heart Pirare Interval BETWEEN ONSET AND DEATH
Conditions, if any, which) (b)	
gove rise to immediate couse (a), stating the under- lying couse lost.	
CATI	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\sum \) NO \(\sum_{-1}^{-1} \)
	ED. (Enter noture of injury in Part I ar Part II of item 18.)
Zoc. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED to the p. m. 19 While Not while of work of work to the p. m.	LACE OF INJURY (Home, form, actory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that I attended the deceased from and that death	1958, to 16 , 1959, that I last saw the decease to occurred at 1/22 A. M., from the causes and on the date stated above
ACTUAL SIGNATURE W/ Fround	ADDRESS (Street, city or town, state) Advanclester Md 6/16/59
PHYSICIAN'S W. HFOATL M. P	Manchester, MJ
220. BURIAL CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY C	R CREMATORY 22d. LOCATION (City, town, or county) (Stolet)
23. EUNERAL DIRECTOR'S SIGNATURE HOLLINGS SIGNATURE HOLLINGS SIGNATURE HOLLINGS SIGNATURE	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE OATH JUN 1 8 '59 OATH S. KINNE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

24b. REGISTRAR'S SIGNATURE

arthur S. Krous

24g. REC'D BY REGISTRAR

DATEUN 1 9 '59

Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a COUNTY b. COUNTY CATTOL MARYLAND Marvland Carroll b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) RURAL and give negrest tawn) Sykesville 8vrs Svkesville d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NAME OF 4. DATE Middle Manth Year Day DECEASED DEATH (Type ar print) June 16 19 IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (in years last birthday) Manths Days WIDOWED FV DIVORCED | 1-26-1882 male 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast af warking life, even if retired) U.S. Marvland OWN Farmer-retired FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Herman Milter Catherine Bursch 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address Mrs. Claude Haines. no none 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: DUE TO Conditions, if ony, which gave rise to immediate DUE TO cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES INO I 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Doy. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (State) (Caunty) factory, street, affice bldg., etc.) Haur a.m. While Nat while ot work ot wark 21. I certify that I attended the deceased 1921, that I last saw the deceased and that death accurred at 120 BW, from the causes and an the date stated above alive an ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S HOWARD HALL NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, ar caunty) 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 6-19-1959 Morgan Chapel Co. Md.

ADDRESS

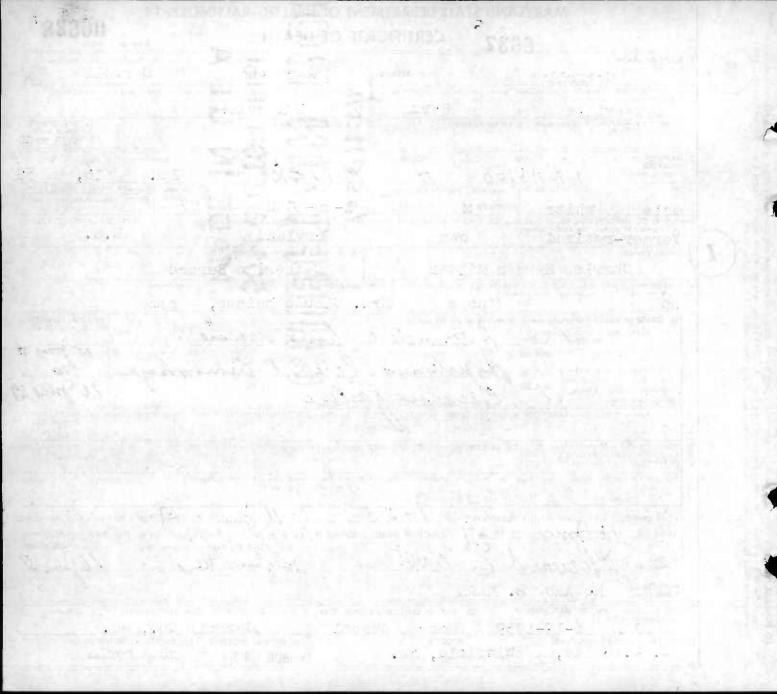
Winfield, Md.

may be retuined by control of FUNERAL Discould 1 0 VS A15 (4) 1SM 9/SB

23. FUNERAL DIRECTOR'S SIGNATURE

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CEPTIFICATE OF DEATH

							Keg. Dis	it. No.	
Carroll		MARYLAND	0 5	AL RESIDENCE (W			itution: Residence NTY Anne		
WN (If outside corporate lir live nearest town)	mits, write c.	LENGTH OF STAY IN 18				orote limits, wri	- 0		own)
	give street odds				OTTS		004/0		RESIDENCE
ION	0		d.		Berry	Court		ON	A FARM?
		Middle Esther		Offer	4. DATE OF DEATH	T.		26	Yeor 19 59
6. COLOR OR RACE					37	lost birthdo	(Dy) Months		
f working life, even if retire	ed)	OF BUSINESS OR INC	OUSTRY 11.				12. CITIZ		
			14. M						
Offer				Annie	Johns	on			
D EVER IN U. S. ARMED FO	PRCES? 16. SOC				ther			t.,Anna	molis
to immediate DUE Total the under-	(c)		15.118					1 1(o) 19. WA	
ITING CAUSE OF DEATH	41	HOW INJURY OCCUR	RED. (Enter	noture of injury in	Port I or Po	rt II of item 18.)		A LIE
o. m.	While	Y OCCURRED 20e. Not while of work				y or town)	(C	County)	(Stote)
y that I attended th	e deceased	fram March							
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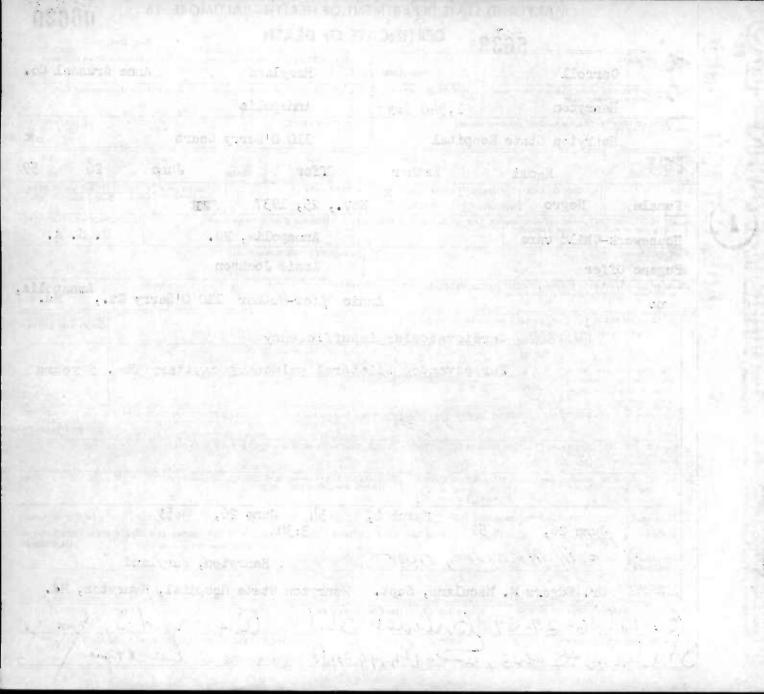
ely filled in by the funeral director, Pages 1 and 2 should be filed TO HOSPITAL OP ATTENDING PRYSICIAN: The law requires that the death certificate be executed within 24 hours a may be retained by the haspit cartending physician.

TO FUNERAL DIACTOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 stather registror prior to burial, cremation, ar removal, and in any event within 72 hours after beath.

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VS A15 (4) 15M 9/58



e funeral director, hould be filed with

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within 24 hours

ATTENDING PHYSICIAN: The law requires that the death certificate be executed

D FUNERAL D. ITOR: After Certificate has been signed by the attending physician and can page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers, the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours, ofter death. by the haspiret or attending physician.

[OR: After Certificate has been signed by detached for use as the burial-transit permit. TO FUNERAL D

TO HOSPITAL OR VS A15 (4) 15M 9/S5

	663	Q CERTIFICA	ATE OF DEA	117		Rog. Dis	t. No.			
1. PLACE OF DEATH o. COUNTY	Carroll	MARYLAND	2. USUAL RESIDENCE OF STATE Ma	(Where deceased ryland	l lived. If institution b. COUNTY		e before o			
Sykesvil	e	c. LENGTH OF STAY IN 16 15yrs.27days		(If outside corpor imore	din.	limits, write RURAL and give nearest town 3 Vo / - 4				
d. NAME OF HOSPIT OR INSTITUTION Springfie	AL (Il not in hospitol, give street) 1d State Hospi	t oddress)	d. STREET ADDRESS 524 N.	Belnor	d Ave.			RESIDENCE ON A FARM? ES NO R		
3. NAME OF DECEASED (Type or print)	Wi llia m		Otto	4. DATE OF DEATH	June	th	l,	Year 1959		
5. SEX Male	1.77-2.4	RRIED NEVER MARRIED DIVORCED	April 8,	1918	9. AGE (In years lest birthday)			UNDER 24 HRS.		
Printer's	ON (Give kind of work done 10) king life, even if retired) helper	b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (SI		ountry)		S.A.	HAT COUNTRY		
E. L. Otto			Rose S							
	R IN U. S. ARMED FORCES? (If yes, give war or dates of service)	5. SOCIAL SECURITY NO. 17. 1	Springfiel	d Hospi	tal Recor					
491X	DUE TO	line for (a), (b), and (c).]	nopneumonia				Day	AL BETWEEN AND DEATH		
Conditions, if o gave rise to i couse (o), stoting lying couse lost.	mmediate the under-	S CONTRIBUTING TO DEATH BUILD	I NOT BELATED TO THE TE	DAALALA DISEASS	COMPLIANCE CITY	/ENLINE OA OT	V-1/10 V	VAC AUTORCY		
2		ve disorder, er				EN IN PAKI	YE	ERFORMED?		
	MEDICAL EXAMINER	SCRIBE HOW INJURY OCCURRE								
20c. TIME OF INJUR Hour o. m. p. m.	19 Whil	e Not while fa	ACE OF INJURY (Home, f ctary, street, office bldg.,	etc.)			ounty)	(State)		
ACTUAL SIGNATURE PHYSICIAN'S	at I attended the deced 17 31	59, and that death	occurred at 5:1	OA M, from ADDRESS (St	the causes of the total terms of the terms o	and on th	ast saw e date s	the decease stated abov DATE SIGNI		
220. BURIAL, CREMATIC BENCYAL Specify	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF Baltimore	PR CREMATORY	22d. LOCAT	10N (City, town, c			(State)		
23. FUNERAL DIRECTOR		3/ E. Olive	24a. R	EC'D BY REGIST	RAR 24b. REGIS	STRAR'S SIG				

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VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** CCLO

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		5646	CERTIFIC	AIE OF DEA	111		Reg. D	ist. No.		
o. COUNTY	Carroll		MARYLANI	2. USUAL RESIDENCE o. STATE	(Where decease	d lived. If instituti b. COUNTY		-		sion)
b. CITY OR TO	WN (If outside corporate li	mits, write	c. LENGTH OF STAY IN 1	1 000100	-	prote limits, write R		V	-	n)
RURAL ond	give nearest town)		Lilyrs. 10mos		Park Av			-	01.	
d. NAME OF	VILLE HOSPITAL (If not in hospital	give street	117	d. STREET ADDRESS				JV	e. IS RES	SIDENCE
Sprin	gfield State	Hospi	ital	Balti	more, M	d.				A FARM?
NAME OF DECEASED (Type or print)		First Emma	Middle	PAUL	4. DATE OF DEATH	June	nth	18	,	Year 1959
5. SEX			RIED NEVER MARRIED			9. AGE (In years	IF UNDE			ER 24 HRS.
Female	White	WIDOW		1882		last birthday) 77 yrs.	Months	Days	Hours	Min.
			KIND OF BUSINESS OR IN		tate or foreign o		12. CII	(IZEN O	E WHAT	COUNTRY
during most	of working life, even if retired in Army Worke:	ed)	-	Maryla		,		U.S.		
3. FATHER'S NA	ME		Section 18	14. MOTHER'S MAIDE	N NAME					1134
	Unknown			Unkno	wn					
5. WAS DECEAS	EDEVER IN U. S. ARMED FO		SOCIAL SECURITY NO.	INFORMANT		Add	lress	14.5		1
(Yes, no. or unknown)		e service)	-	Springfield	Hospit	al Recor	ds			
18. CAUSE (OF DEATH [Enter only one	couse per li	ine for (o), (b), and (c).]					INT	ERVAL BI	ETWEEN
	I. DEATH WAS CAUSED BY		Gangrene of f	not.					Days.	DEATH
110	IMMEDIATE CAUSE		Jangrene or 1	000					ay a:	-
Condition	9.0	-	Arteriosclero	tic heart dis	9299			Y	Tears	3
	to immediate	(D)	11 001 100 01010	010 11001 0 010	10000			-	COLLE	
lying couse	toting the under-									
		(c)	CONTRIBUTING TO DEATH E	BUT NOT BELATED TO THE TE	PMINIÁI DISEAS	E CONDITION GI	/FN IN PA	PT 1/01/1	O WAS	AUTOPSY
Diabet			reaction, he			E COMDITION OF	TEIN III II	(0)	PERFO	ORMEDA
9	•		SCRIBE HOW INJURY OCCUP	•		t II of item 19)			YES _	NO 🗌
OR CONTRIB	NT WAS UNDERLYING [] UTING [] CAUSE OF DEAT	н	CKIBE HOW INJURY OCCU	KED. (Enter noture of injury	in Port I or Por	T II OT Hem 10.)				
	OTIFY MEDICAL EXAMINER				f leaf ami					
Hour	10	While	Not while	PLACE OF INJURY (Home, foctory, street, office bldg.,	etc.)	y or town)		(County)		(State)
	p. m. 17			20 T	7.0					
	fy that I attended th			, 19 <u>.37</u> , ta <u>u</u>	mie To	, 1959	that I l	ast sav	w the c	deceased
alive an_	June 18,	, 19.	27, and that dec	ith accurred at 2:2				e date		
ACTUAL	GAN: 10	no	1000			treet, city or town,	stote)		DA	TE SIGNED
SIGNATURE	yeur si	100	ryplan	_M.D. Springf	`ield Ho	spital			6/.	19/59
PHYSICIAN'S NAME (Type		argol	in, M.D.	Sykesvi	ille, Ma	ryland				
220. BURIAL, CRE		EOF	22cm NAME OF CENETERY	OR CREMATORY	22d. LOCA	TION Leit town,	or county)		/ (Sto	ite) /
	10/22	19	1, a mo, b	vou school	12	roller	いか	P.	vu	a.
3. FUNERAL DIR	ECTOR'S SIGNATURE		ADDRESS	24a. R	REC'D BY REGIS	TRAR 24b. REG	STRAR'S S	IGNATU	RE	
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YSICIAN: The law requires that the deoth certificate be execut

ACTOR: After that certificate has been signed by the attending physician ond completely filled in by the detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shoot a burial, crematian, or removal, and in any event within 72 hours after death. attending physicion. y the haspit CTOR: After nine

TO HOSPITAL OF	moy be retoin	TO FUNERAL DIE	page 3 should I	the registror pri
VS 1S	A15	(/5E	4)	

Carroll	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE Maryland	b. COUNTY Har	ford
If outside corporate limits, write eorest town)	57 days	c. CITY OR TOWN (If outside corp		d give nearest town) 1224, 2
		d. STREET ADDRESS 716 Ostego	Street	e. IS RESIDENCE ON A FARM? YES NO
First William	Middle H enry	Peaco, & de DEATI	Month June	23 Year 1959
**		8-19-1887	9. AGE (In years lost birthdoy) Months	ER I YEAR IF UNDER 24 HRS. Doys Hours Min.
king life, even if retired)	KIND OF BUSINESS OR INDU	Harve de Gra		U. S. A.
- 1 D		14. MOTHER'S MAIDEN NAME		
	(-			1-35
ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO DUE TO Me The under: Cause (b) DUE TO DUE TO Cause (b) DUE TO Cause (b) DUE TO Cause (b) DUE TO Cause (c) Cause (c) DUE TO Cause (c) Ca	rdiovascular i	e brain		INTERVAL BETWEEN ONSET AND DEATH
HER SIGNIFICANT CONDITIONS			SE CONDITION GIVEN IN P	ART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I or Po	ort II of item 18.)	
While	Not while fo		ty or town)	(County) (State
not I attended the decease 18 23, 19	59, and that death	accurred at 4:00AM, fram	the causes and an to street, city or town, stote) on, Maryland	last saw the deceased the date stated above DATE SIGNEE 6-23-59
	Henryton State Henryton State William 6. COLOR OR RACE Negro ON (Give kind of work done fixing life, even if retired) Oraham Peaco ER IN U. S. ARMED FORCES? (If yes, give wor or dates of service) ATH [Enter only one cause per limed] ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO DUE TO DUE TO ONLY, which immediate the under. GLICAL SEAMINER) AS UNDERLYING (c) Winim AS UNDERLYING (C) CAUSE OF DEATH OF MEDICAL EXAMINER) RY Month, Doy, Year 20d. II While of wor wor work of the decease the decease the content of the c	Henryton State Hospital First Middle William Henry 6. COLOR OR RACE NOBORCE NOBORCED NEGRO WIDOWED DIVORCED DIVORCED NOW IN	Henryton State Hospital Table Tab	Henryton State Hospital The Color of Race The Color of Race

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06633 6642 CERTIFICATE OF DEATH Rea. Dist. No. director, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) LOLYYORI b. COUNTY avuland MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN Ab c. CITY OR TOWN (If gutside corporate limits, write RURAL and give nearest town) pino e. IS RESIDENCE YES NO NAME OF 4. DATE Month OF (Type or print) 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 H 5. SEX 7. MARRIED NEVER MARRIED Months Doys Hours DIVORCED [WIDOWED T 100. USUAL OCCUPATION (Cive kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY Nora AMMED FORCES? 16 SOCIAL SECURITY NO. Address Yes 18. CAUSE OF DEATH [Enter only one cause per lips for (o), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO Conditions, if ony, which (b) gove rise to immediate DUE TO couse (o), stating the underlying couse lost. THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) Hour o. m. foctory, street, office bldg., etc.) Not while at work of work 21. I certify that I attended the deceased fram NOV 4.that I last saw the deceased alive an and that death occurred at 1802 AM, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) YKESVILLE NAME (Type) KONSTAN 220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) June 21 Riverview 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS VS A15 (4) 15M 9/55 DAUN 2 2 '59 arthur & Kraus

CALL CHARLES SERVICE CONTRACTOR - 1 - 1 vi vi (1 e1) 5-10

CC1.2 CEDTIEICATE OF DEATH

	00	49 CEKIIFIC	AIE OF DE	АІП		Reg. Dist. N	0.	
o. COUNTY Carroll		MARYLAND	2. USUAL RESIDENCE o. STATE Marylar	A Property of	b. COUNTY	on: Residence be	fare admiss	sian)
	(If autside carporate limits, wri	te c. LENGTH OF STAY IN 1b	c. CITY OR TOW	N (If autside carpor	ate limits, write R	URAL and give n	earest taw	n)
Sykesvil		11 days	X Westmin	ster				
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, give str		d. STREET ADDR	ESS			ON A	SIDENCE A FARM?
NAME OF DECEASED	First	Middle	Last	4. DATE	Mon	nth [Day	Year
(Type or print)	Joseph	Rittenhou	se Pugh	DEATH	June	12		19 59
SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years last birthdoy)	IF UNDER 1 YEA	-	1
Male	White wind	OWED DIVORCED	June 17.	1900	58 yrs.	Months Days	Hours	Min.
during most at wa	ION (Give kind of wark dane 1 rking life, even if retired) Engineer	106. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE		untry)	12. CITIZEN		COUNTRY
FATHER'S NAME			14. MOTHER'S MA	IDEN NAME				
William :	Morrown Fugh		Eleanor	Agnes My	rers			
	ER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	INFORMANT	110-10-11	Add	ress		177
no, or unknown)	(If yes, give war or dates of service)	717-07-8691	Springfiel	d Hospita	1 Record	is		
	ATH [Enter only one cause pe ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	Septicemia			18 18	OI IN	days	DEATH
Canditions, if gave rise to	immediate Dus TO	Urinary infect:	Lon	201			week	5
lying cause last	The under-					110.00		
PART II. O	, (c)	NS CONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE	TERMINAL DISEASE	CONDITION GIV	VEN IN PART 1(o)	PERFC	AUTOPSY ORMED?
20a. ACCIDENT W		DESCRIBE HOW INJURY OCCURI	RED. (Enter nature of inju	ury in Part I ar Port	It of item 1B.)			
20c. TIME OF INJU Hour a.m. p. m.	IO WI	d. INJURY OCCURRED 20e. hile Nat while wark at wark	PLACE OF INJURY (Hom- foctary, street, office bld	e, form, 20f. (City g., etc.)	ar tawn)	(Caunt	γ)	(Stote
21. I certify to alive an JUL ACTUAL SIGNATURE PHYSICIAN'S NAME (1796)	Agustin del	2 59 , and that dear Let Carry Carry M.D.	th accurred at 63 2 _{M.D.} Sprin Sykes	ADDRESS (Stragfield Strainle, Ma	the causes and set, city or town, cate Host	nd an the da state) pital 6	te stated DA: /12/5	d abav
REMOVAL (Specif	6-14-59	22c. NAME OF CEMETERY ADDRESS	U	Elle	usbury	STRAR'S SIGNAT	Alle,	Jus
Luther C	A. Haight	Aynisoille,	MAN	REC'D BY REGISTI TE JUN 1 6 '5		rithun S. Ki		

ely filled in by ane funeral director, Pages 1 and 2 shauld be filed with TO HOSPITAL OR ATTENDING PAYSICIAN: The law requires that the death certificate be executed may be retained by the haspital patenting physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete page 3 should be detached for use as the burial-transit permit. Then please remave carban papers, the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death.

VS A15 (4) 15M 9/5B

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Pile M	1. PLACE OF DEATH o. COUNTY Carro
E .	b. CITY OR TOWN (IF

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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		664	4	EKITIC	AIL	OF DEA	· n		Reg. D	ist. No.		
1. PLACE OF DEATH						JSUAL RESIDENCE (Where deceased	d lived. If institution	an: Reside	nce befo	re admiss	sion)
o. COUNTY Carro	77			MARYLAND	9	Maryla Maryla	ind	b. COUNTY	Har	ford		
b. CITY OR TOWN (I	outside carporate lin	nits, write	c. LENGTH	OF STAY IN 16		CITY OR TOWN (rate limits, write R			rest town	n)
RURAL and give ne			26 5 ·	n 11 đa	TORRE	Abingdon	. Md.	1	2 X	2		
d. NAME OF HOSPIT		give street		IR TT MO		d. STREET ADDRESS	. 92.84.8				e. IS RES	IDENCE
OR INSTITUTION	ld State H	ocni+	0.7								ON A	FARM?
B. NAME OF		int	6.1.	Middle		Lost	4. DATE	Mon	th	Da		Year
(Type or print)		anche		V.		Rider	OF DEATH	6		28	,	1959
S. SEX	6. COLOR OR RACE				8. DA	ALE BIRTE7		9. AGE (In years	IF UNDE			
		WIDOW		DIVORCED [-		200	lost birthday)	Months	Days	Hours	Min
0a. USUAL OCCUPATIO	N (Give kind of work				HISTPY		392		12 CI	TIZEN OF	WHAT	COUNTE
during most of work	ing life, even if retire	d)			JOSIKI			,,				20014110
Hotel keep	Ye .		Hote	2]	114	MOTHER'S MAIDER	-			U.S.	A.,	
S. TATTIER S INAME					14							
William A	. Mc Comas	perca la		DIEV. LLO	INFOR	Alice V	Stenge	Add				
(Yes, no, or unknown)	If yes, give wor or dates of		social sect						ress			
no			unkn		S.S.	Hospital	Records	3				
18. CAUSE OF DEA	TH [Enter only one of	ause per li	ne for (o), (b)	ond (c).]						INTE	ERVAL 8E	TWEEN
PART I. DEA	TH WAS CAUSED BY:	-1 Dans			55565	hawfor a					ooks	
491X	IMMEDIATE CAUSE		menobu	amitours	7 11111	REPOTATO				-	n o tro	
	DUE TO	0										
Conditions, if or		b1										
gave rise to in	nmediote (-										
lying cause last.	he under-											
	ED CICALIFICALIT COL	(c)	CONTRIBUTION	C TO DEATH 0	LITALOT	DELATED TO THE TEL	DANIALAL DICCAC	F CONDITION OR	(F) I) DA	DT 1/-3 1	O VAVAC	ALITORS
Psychosi	ER SIGNIFICANT COI	talc	SI ICI	ncy Chi	onl	Chole II	CHIASIS'	E CONDITION GIV	EN IN PA	KI 1(0) I	PERFC	RMED?
5											YES [NO [
PART II. OTH PSYCHOST 20g. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH	20b. DES	CRIBE HOW I	NJURY OCCUR	RED. (En	ter nature of injury	in Part I or Par	t II of item 18.)				
	MEDICAL EXAMINER)											
20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Y		NJURY OCCU			OF INJURY (Home, for		ar town)		(County)		(Stol
Hour a.m.	19	While of wor	k at work	ie	lactory,	street, office bldg.,	erc.)					
	-4 -44		_	3.0	20-	19 54. to	600	28- , 19 59	3		ii.	,
	of I offended the							/ '//				
olive on6=	28	, 193	9, or	nd that dea	th occ	urred o10:30				e dote		
9	/	14	-	# 1				treet, city or town,				TE SIGN
SIGNATURE G	nenna	V	usi	Nac	_M.D.	Spring	field S	tate Hos	oital		6	28-
attveres a sue												
PHYSICIAN'S NAME (Type)	Edmund L	athar	10 M D			Sykesvi	lle. Ma	ryland.				
20. BURIAL, CREMATION	The state of the s	-		OF CEMETERY	OR CRE			TION (City, town,	or county)		(Stat	te)
REMOVAL (Specify)							-	ngdon, Ha				,
Burial	June, 30,	1323		esbury	Mem							
3. FUNERAL DIRECTOR'S	SIGNATURE		ADDRE:	55	a	M / 24a. RI	EC'D BY REGIST	RAR 24b. REGI	STRAK'S S	IGNATU!	KE	
11/1/11/	lowe.	/	1 Vren	1100	///	DATE	H 1 JEC	1 0 .	1 0	2		

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	. Alregald. Alregan,	es Cokesbury We	August Internet

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6645 **CERTIFICATE OF DEATH**

06636

1		Keg, Dis	1. 140.
)	1. PLACE OF DEATH o. COUNTY ANDLL MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE b. COUNTY b.	e before admission)
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest rown) RURAL - Charles and le 3 Years	c. CITY OR TOWN (If outside corporate limits, write RURAL and gi	ve nearest fown)
	8. NAME OF HOSPITAL (If of in hospital, give street oddress) OR INSTITUTION	G. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Walter James	1.055 4. DATE Month OF DEATH June 2	Day Year 26 1959
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	Jan. H. 1899 (60 yrs. Months)	1 YEAR IF UNDER 24 HRS. Days Hours Min.
-	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cleaning of Working life, even if retired)	md, 4	ZEN OF WHAT COUNTRY?
1	Truman O. Ross	Ellew adams	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I [If yes, give wor or doles of service] 2/8-05-0067	Mrs Elsie Ross - Sykisill	le, and
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cardiac fair	luce	ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate (b) COZ pulvior	nale	4 weeks
	couse (o), stoting the under- DUE TO lying couse lost. (c) obesity and	hypertension	15 years
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBÉTING TO DEATH BUT 20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		PERFORMED? YES NO
		D. (Enter noture of injury in Port I or Port II of item 18.)	
	Hour o. m. 19 While Not while for work of work	ictory, street, office bldg., etc.)	ounty) (State)
		n accurred at 9, 35 PM, from the causes and an th	e date stated above
	ACTUAL Bertraut & Gan	ADDRESS (Street, city or town, stote) M.D. 37 Cesitral Ave	6-27.59
	PHYSICIAN'S BENTAND R. GALL	SYKESVILLE Ma	yland
	220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	tield Objetisville,	(Stoley
	Sulto H. Haight Nightsville	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNARY SUN 3 0 '59	4 -

be filed with ertificate has been signed by the attending physician and cames as the burial-transit permit. Then please remove carbon papers. the registrar priar to burial, crematian, page 3 shauld TO FUNERAL D VS A15 (4) 15M 9/55

ATTENDING PHYSICIAN: The law requires that the death certificate be executed

TO HOSPITAL OR

death. Page 4

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VS A15 (4) 1SM 10/S7

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6646 CERTIFICATE OF DEATH

06637

Rea. Dist. No.

						wear. miss.	110.
		PLACE OF DEATH O. COUNTY ARROLL	MARYLAND	2. USUAL RESIDENCE (WI	here deceased lived. If in b. CO		before admission)
		RURAL and give nearest town)	MONTHS	V . 1.	outside corporate limits, w		nearest town)
	4	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTRUCTION		d. STREET ADDRESS	WINDS	OR	e. IS RESIDENCE ON A FARM?
		RURAL		KUR	2/1/2		YES NO Z
		NAME OF DECEASED (Type or print) DEANIE VIRO	Middle GINIA	POVER	4. DATE OF DEATH	Month N/E	Day Year 1959
	S.	SEX 6. COLOR OR RACE 7. MARRIED [] FEMALE WILLIAM WIDOWED []	DIVORCED	B. DATE OF BIRTH	9. AGE (In last birth	years IF UNDER 1 Y day) Months Da	EAR IF UNDER 24 HRS. ys Hours Min.
	100	. USUAL OCCUPATION (Give kind of work done 10b. KIND Oduring most of working life, even if retired)	F BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	or foreign country)		N OF WHAT COUNTRY?
1	12	FAMSTRESS CLOT	HING	MARY	LAND		0.0
	13.	Ties S II I I I I I I I I I I I I I I I I I		14. MOTHER'S MAIDEN			
-	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	SECURITY NO. 17. II	NFORMANT _	CTRASS	Address	
	(Yer	(If yes, given or dates of service) 2/3-0	1.9972 MI	RS. M.E.TRIT	E, NEW W	INDSOK	MAD
		18. CAUSE OF DEATH [Enter only one cause per line for (a PART I. DEATH WAS CAUSED BY:	o), (b), and (c).]				INTERVAL BETWEEN ONSET AND DEATH
		IMMEDIATE CAUSE (o)	an- eng	occusi	on		3 weeks
		Conditions, if any, which) (b)				全。并	
		gave rise to immediate Couse (a), stating the under-					
	7	lying cause last. (c)					
)	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS <u>CONTRIB</u>					PERFORMED? YES NO
		20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OW INJURY OCCURRE	D. (Enter noture of injury in	Part I or Part II of item 1	8.}	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 While No of work at a state of the of the of work at a state of the	of while foo	ACE OF INJURY (Home, farm tlory, street, office bldg., etc	n. 20f. (City or town)	(Cour	nty) (State)
		21. I certify that I attended the deceased from		5 9, 19 ta G	24		t saw the deceased
		alive an	, and that death	occurred at 12.63	M, fram the cause ADDRESS (Street, city or		
1		ACTUAL MIE, Robert	san	MO. New hu		In of	4/1/59
			RTSON	NEW	WINDS	OR M	D
	B	REMOVAL (Specify)	EADOW BR	ANCH CEM	VESTMI	NSTER	(Stote)
	0	FUNERAL DIRECTOR'S SIGNATURE ALL ALL ALL ALL ALL ALL ALL ALL ALL AL	DORESS	1111	D BY REGISTRAR 24b. JUN 3 '59	REGISTRAR'S SIGNA	

ST STOMP SEAT DESTROYED AND A PROSTATE OF A PROPERTY OF A • = P - 1 - 1 - 1 - 1 - 1

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death: Page 4

y filled in by the funeral director, Pages 1 and 2 should be pred with

may be retained by the haspital be attending physician.

O FUNERAL DI OR: After II prificate has been signed by the attending physician and camp page 3 shauld be detached for use as the burial-transit permit. Then please remove carban paper the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execui TO FUNERAL DI page 3 shauld by VS A1S (4) 1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6647 CERTIFICATE OF DEATH

06638

001	Keg. Dist. No.
1. PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COLINTY
Carroll Co. MARYLAND	Maryland
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Sykesville	Baltimore 3V01-4
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE
Grand View Nursing Home	4405 Linkwood Road ON A FARM?
3. NAME OF First Middle	Last 4. DATE Month Day Year
OECEASED (Type or print) Mary V. Scl	hwarzkopf DEATH June 21, 19 59
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS. No. 22 1 7 87 1 No. 23 1 7 87 1 No. 24 1 7 87 1 No. 25 1 7 87 1 No. 26 1 1 1 No. 27 1 7 87 1 No. 28 1 7 87 1 No. 28
F WIDOWED WHY DIVORCED	Apr. 4, 10/4 85 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housewife	Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert Perry	Artridge Smith
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
NO (If yes, give wor or dates of service)	lizabeth B. Brooks Same
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) ARTERIOSCLEROTIC	HEART DISEASE WITH
420.0 NOEW	
Conditions, if ony, which) " HYPERTENSIVE CAR	DIOVASCULAR DISEASE not known
gove rise to immediate Dus TO	
lying couse lost. Course (o), stoling the under: SENILE CHANGES	
, (4)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
DIT OF THE OF TH	PERFORMED? YES NO THE
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Part II of item 18.)
	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
Hour a.m. P. m. 19 While Not while of work at work	ctory, street, office bldg., etc.)
	occurred at 2:00 P.M. from the causes and on the date stated above.
olive on June 31, 19 59, and that death	ADDRESS (Street, city or town, stote) DATE SIGNED
ACTUAL D.	
SIGNATURE	M.D. Sykesville, Maryland 6/21/59
PHYSICIAN'S Wm. H. Lawson, Jr., M.D.	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
Burial 6-24-59 Loudon Park	
22 FUNERAL DIRECTOR'S SIGNIATURE ADDRESS.	OL DECID OF RECISTARY DAY RECISTRADE SIGNIATURE
H. W. Jenkins & Sons Co. 11905 You	Md. DATE JUN 23 '59

MARKILAND STATE DEPARTMENT OF HEALTH-TALEMORE TO A trible Chys Octob , Silve mich THE THE COUNTY OF THE PARTY OF MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07801

IS RESIDENCE ON A FARM YES NO

Year

IF UNDER 1 YEAR IF UNDER 24 ARS

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSEX AND DEATH

> PERFORMED? YES NO

> > (State)

DATE SIGNED

(State)

(County)

Orling & Krous

Reg. Dist. No.

Months

VS A1S (4)

Market State of the State of th	HTARO PO BTA			
	N. S. C.			
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			AND STREET	
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	A la batter	of Barrier (ASAM)		

VS A1S (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6649

CERTIFICATE OF DEATH

06639

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTCAPT	oll		MARYLA	11	USUAL RESIDENCE (V o. STATE Marylar	•	d lived. If institut b. COUNTY	ian: Residen Mongo	one ry	admission)
b. CITY OR TOWN RURAL and give of Sykesvi.	(If outside carparate limi nearest town)	ts, write	c. LENGTH OF STAY IN		c. CITY OR TOWN (IF	and the second		RURAL ond	give neare	st town)
OR INSTITUTION	ITAL (If not in haspital, g				d. STREET ADDRESS 205 S. N	lanor C	ircle		- 1	IS RESIDENCE ON A FARM? (ES NO 2
3. NAME OF DECEASED (Type or print)	Rosel		Middle Delli1	a	Shoup	4. DATE OF DEATH	мо		Day 14	Year 1959
s. sex	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED ED DIVORCED		ATE OF BIRTH 3 - 15 - 66	ó	9. AGE (In years fast birthdoy) 92 yrs.	Months		UNDER 24 HRS Hours Min.
House	rking life, even if retired	done 10b.	KIND OF BUSINESS OR		Ohio		country)		U.S.A	HAT COUNTRY
13. FATHER'S NAME Joseph	Platz	3		1	4. MOTHER'S MAIDEN Elizabet		lon			
	ER IN U. S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECURITY NO.		rmant S.Hospital	l Recor		dress		House III
Conditions, if a gove rise to couse (o), stoling lying couse last. Positiv 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY (IF EITHER, NOTIFY)	the under-)	CONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TER	MINAL DISEAS	E CONDITION GI	VEN IN PAR	T 1(a) 19.	WAS AUTOPSY PERFORMED? ES NO
200. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUI Hour o. m. p. m.	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC NJURY OCCURRED 20 Nat while of wark	De. PLACE foctory	of INJURY (Hame, far, street, office bldg., e	rm, 20f. (City	rt II of item 18.) y or town)		County)	(Stote
	hat I attended the 6-14-	Lu	59, and that d	eath ac	, 19 59, to curred at 3:051 Springfic Sykesvil	ADDRESS (S	the causes and treet, city or town	nd an the , state)	ist saw t	the deceased tated above DATE SIGNED
220. BURIAL, CREMATIC BEMOVAL (Specify 23. FUNERAL DIRECTOR	" June 16,	1959	22c. NAME OF CEMETE COCK Cree ADDRESS	RY OR G	metery	C'D BY REGIS				(Stote)

C statuted to the statute of the sta Local and the control of the control Minister House South Later Household Co. 100 St. March Course . . . S.S. Herrykal Research and the care your of any attendance to the time of middigiant state Stationing and managed J.M. moderned frames (Artist £

may be retained TO FUNERAL D

VS A1S (4) 15M 9/SS

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY MARYLAND MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give pearest town)	c. CITY OR TOWN (If ourside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 3 24 College ave.	d. STREET ADDRESS 324 College are e. IS RESIDENCE ON A FARM? YES NO DE
3. NAME OF DECEASED MARGARET JANE S. (Type or print) MARGARET JANE S.	MELSER 1. DATE JUNE 30 1959
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In yeors last birthday) 7. Months Days Hours Min.
100/ USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13. FATHER'S NAME	Carroll Co. md U.S. a.
Solomon Brothers	Sella Fowler
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes. no. or unknown] [If yes, give wor or dates of service]	MS Us. a. Denne Ment wonders M
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (o), stoling the under-lying cause tost. (c)	cheronis 4 yrs
200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRE OF CONTRIBUTING 200. DESCRIBE HOW INJURY OCCURRE	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO D. (Enter noture of injury in Port 1 or Port II of item 18.)
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.) (City or town) (County) (State)
ACTUAL SIGNATURE SIGNATURE SIGNATURE	M, from the causes and on the date stated abave. ADDRESS (Street, city or town, state) DATE SIGNED
PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, PERMOVAL (Specify) PROVAL (Specify) PROVAL (Specify) PROVAL (Specify)	R CREMATORY 22d. LOCATION (City, town, or county) (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS Western	240. REOD BY REGISTRAR 246. REGISTRAR'S SIGNATURE ONLING S. KLANER

Control of the contro	TASHITSES CERTIFICAT

VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6651 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

Reg. Dist No.

06641

- 6		reg. Dist. No.
1		ACCOUNTY COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before odmission) b. COUNTY b. COUNTY Carrell Aurell
	t	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
		1. NAME OF HOSPITAL (If nays haspital, give street address) destreet ADDRESS e. 15 RESIDENCE
		OR INSTITUTION PLA PARM? YES NO
	[NAME OF LOST LOST SECRET OF DEATH James 12 19 59
	5. S	EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WILL WIDOWED DIVORCED DIVORCED WIDOWS Min. WIDOWS DIVORCED DIVOR
	10o	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, everyif retired)
1	13.	FACILITY Conferred Concertance, Many Course M.S.A.
1	(Kurles Mr. Spence. Jamie Luyder.
	(Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NO (If yes, give wor or date of service) 217-12-2805 Reed a Baleinau Henrisbury Inc.
		18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c).] NATE OF DEATH WAS CAUSED BY
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) OLONGRY OCCUPENT: Suldnile
	F	Conditions, if ony, which) (1) Chelanal of Chelanal Chesian
		gove rise to immediate couse (o), stoting the under-
	_	lying couse lost. (c)
	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
		20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
	CERTIF	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 20d. INJURY OCCURRED While Not while at work at wor
		21. I certify that I attended the deceased from Sept 24 , 1953, to fine 12 , 1959, that I last saw the deceased
		alive an May 20, 1957, and that death accurred at 2. M. from the causes and an the date stated above
1		ACTUAL SIGNATURE AND HOLD ADDRESS (Street, city or lown, stote) DATE SIGNATURE M.D. Hambelead hel 6/12/5
		PHYSICIAN'S JOSEPH E. Bush MD HAMPSTEAD MARYLAND
	220.	BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City. town, or county) (Stote) BURIAL CREMATION, 22d. LOCATION (City. town, or county) (Stote) Patapsco, Maryland
	23. 1	John R. Byers Westminster, Md. 24d. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE, MN 1 6 '59 Cuthur S. Human

But form 1. 1949 Farence Carbon 1. 1959 and the control of the con Lil walk-timewall leaves o when

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death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed

TO HOSPITAL OR

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6652

CERTIFICATE OF DEATH

Reg. Dist. No.

116642

	ACG. COM NO.
1. PLACE OF DEATH o. COUNTY AVFO MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE ARY ON DECEMBER OF THE PROPERTY OF THE PROPERT
b. CITY OR TOWN (If outside carporate limits, write RURAL and give negrest town) TAMPSTEAD RURAL LIFE	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X HAMBSFEAD Rural.
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION PRIMARY R.	TAINMOUNT Pd e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) BETTIE Victoria	STAGNER 4. DATE Month Day Year OF DEATH JUNE 30 1959
Female while WIDOWED DIVORCED	B. DATE OF BIRTH. 19. AGE (In years I FUNDER 1 YEAR IF UNDER 24 HRS. 19. AGE (In years I FUNDER 1 YEAR IF UNDER 24 HRS. 19. AGE (In years I FUNDER 1 YEAR IF UNDER 24 HRS. 19. AGE (In years I FUNDER 1 YEAR IF UNDER 24 HRS. 19. AGE (In years I FUNDER 1 YEAR IF UNDER 24 HRS. 19. AGE (In years I FUNDER 1 YEAR IF UNDER 24 HRS. 19. AGE (In years I FUNDER 1 YEAR IF UNDER 24 HRS. 19. AGE (In years I FUNDER 1 YEAR IF UNDER 24 HRS. 19. AGE (In years I FUNDER 1 YEAR IF UNDER 24 HRS. 19. AGE (In years I FUNDER 1 YEAR IF UNDER 24 HRS. 19. AGE (In years I FUNDER 1 YEAR IF UNDER 24 HRS. 19. AGE (In years I FUNDER 1 YEAR IF UNDER 24 HRS. 19. AGE (In years I FUNDER 1 YEAR IF UNDER 24 HRS. 19. AGE (In years I FUNDER 24 HRS. 19. AGE (In years I
100. USUAL OCCUPATION (Give kind of work done dyripg most of working life, eyen if retired)	MARYLAND 21.S.A.
ERPY STANSBURY	SARAL ZIMMERMAN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service) (YO WE (Your No. of West of the Service)	Chester STAGNER HAMPSTEAD M.
18. CAUSE OF DEATH [Enter only one couse per time for (b), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	(40 carditis interval between onser and death
Conditions, if ony, which) DUE TO Lenis schrolie	Cardis-Vascuola Desione?
gave rise to immediate couse (a), stating the underlying couse last. DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO
	D. (Enter nature of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a. m. 19 While Nat while at work at work	ACE OF INJURY (Home, form, 20f. (City ar town) (Caunty) (State) tory, street, office bldg., etc.)
21. I certify that I attended the deceased from UNE 2 alive and that Leath	accurred at 5.20 A.M. from the causes and an the date stated above
ACTUAL SIGNATURE SIGNATURE	ADDRESS (Street, city or town, story) DATE SIGNED M.D. Hard stand Marshaud 6/20/19
PHYSICIAN'S Joseph E. Bush. MD	HAMPSTEAD Maryland
220. BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAC (Specify) 7-2-59 Haufu	R CREMATORY 22d. LOCATION (City, town, or county) (Stote)
23 FLINERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE TO DATE JUL 2 '59 Outlang & Kraus

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ofter death. Page 4

ly filled in by Tuneral directar, Pages 1 and 2 should be filed with

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs may be retained by the hospitopher attending physician.

TO FUNERAL D. TOR: After Pertificate has been signed by the attending physician and cam by filled in by page 3 shauld be detached far we as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 the registrar prior to burial, crematian, or remaval, and in any event within 72 haurs after death.

VS A15 (4) 15M 9/55

CERTIFICATE OF DEATH

0001				. 5131, 140,
1. PLACE OF DEATH O. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where o. STATE	deceased lived. If institution: Res	sidence before admission)
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN IN outside	de corporate limits, write RURAL	and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	et oddress)	d. STREET ADDRESS	nam It	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type ar print)	NAOMI S	TARNER 4.	DATE Month OF DEATH	2 7 Yeor 1959
Temale White WIDOW	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Cymil 2/19	OS S yrs. Mont	
10g/ USUAL OCCUPATION (Give kind of work dane) 10g/ during most of working life, even if retired)	b. KIND OF BUSINESS OR INDU	Carroll	Co. med.	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	ck	14. MOTHER'S MAIDEN NAM	ie myes	
(15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, ho, or unknown) (11 yes, give wor or dates of service)	6. SOCIAL SECURITY NO. 17.	m C. David	Starner WY	estmenste 1
18. CAUSE OF DEATH [Enter only ane couse per PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	line for (o), (b), and (c).]	Himork	71	INTERVAL BETWEEN ONSET AND DEATH
33/X DUE TO	1to ser	lusin .	nepholis !	act.
gave rise to immediate code (a), stating the under-	7-0			
	CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN	PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURRI	D. (Enter noture of injury in Part	I ar Part II af item 18.)	
Hour a.m. Whi		ACE OF INJURY (Home, farm, 2 ctory, street, affice bldg., etc.)	tof. (City or town)	(County) (State)
21. I certify that I attended the deced	46	45, 19 ta Ja		t I last saw the deceased
ACTUAL SIGNATURE	Camela		A, fram the causes and a RESS (Street, city or town, state) Have Many	DATE SIGNED
PHYSICIAN'S NAME (Type) W M	Jennette		Main Wesi	Tes insta hos
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY 220	I. LOCATION (City, town, or cour	nty) (State)
BLUMAL June 30,5	9 Lesens	tallen ann	Uses Mileral /	Watermeste V

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death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6652

Reg. Dist. No.

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0000	CERTIFICA	AIE OF DEATH Reg	, Dist. No.
PLACE OF DEATH . COUNTY Carroll	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Re a. STATE b. COUNTY City	sidence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL	ond give nearest town)
Sykesville, Maryland	lmo. 12 days	Baltimore 3vo/	-4
d. NAME OF HOSPITAL (tf not in hospital, give street OR INSTITUTION		d. STREET ADDRESS	e. IS RESIDE ON A FA

Carroll				MALYLER	Q.	U				
	(If outside corporate limit	s, write c.	LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corpo	rote limits, write R	URAL ond	give nec	arest town)
	le. Maryland	1	mo. 12 days	Baltimo	re	3v	01-1	4		
d. NAME OF HOSE	PITAL (If not in hospital, gi			d. STREET ADDRESS			-	1	e. IS RES	DENCE
Springfi	old State Ho	spital		717 Gle:	nwood Av	onue				FARM?
B. NAME OF DECEASED	Firs	t	Middle	Last	4. DATE OF	Mar	ith	Do	y)	Year
(Type or print)	August	a.	Henrietts	Tarr	DEATH	June		20	6 1	19 59
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years last birthdoy)			IF UNDE	
Fems le	white	WIDOWED	DIVORCED	March 4. 1	873	86 yrs.	Months	Days	Hours	Min.
On. USUAL OCCUPAT	TION (Give kind of work d	one 10b. KIN	D OF BUSINESS OR INDL	I worken at more walk over	- 12	ountry)	12. CI1	TIZEN OF	WHATC	OUNTRY
	orking life, even if retired)			Manusland	a		TT	S.A.		
Housewiff 3. FATHER'S NAME		-	in .	Maryland			10.	.O.A.	•	
S. TATTIER S TVAME				14. MOTHER S MAIDE	III III					
Walter T				-				3_3		
(Yes, no, or unknown)	VER IN U. S. ARMED FORCE (If yes, give war or dates of se			INFORMANT		Add				
no	-	-		pringfield	Hospita]	Records	3			
	EATH [Enter only one cou	use per line f	or (a), (b), and (c).]						ERVAL BE	
PART I. D	EATH WAS CAUSED BY:	Arte	erioscleroti	c heart dise	ase			ONS	Year	S'
420.0	, ,									
		Gene	eralized art	erinsclerosi	e				Year	8
Conditions, if	immediate (D)	OCII	CIGITICA GIO	C1 T00CTC1 0D2				-	1001	
cause (a), statin	g the under- DUE TO									
lying couse las								1		
CBS asso	THER SIGNIFICANT COND C. WITH COTO	oral a	TRIBUTING TO DEATH BU	osis, with p	sychotic	reaction el	EN IN PA	RT 1(0) 1	PERFO YES _	AUTOPSY RMED? NO
OR CONTRIBUTION	VAS UNDERLYING IG CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESCRIE	BE HOW INJURY OCCURRI	ED. (Enter noture of injury	in Port I or Par	t II of item 18.)				
			lan a							
20c. TIME OF INJU		While		LACE OF INJURY (Hame, actary, street, office bldg.,		ar town)		(County)		(State
p. m	10		of work							
21 L certify	that I attended the	decensed	from Mow 1/	, 19 59 , to_	June 26	19 50	hat I I	ast say	v the d	979759
alive anJ			59_, and that deat							
dive di	THE AU	_, 12	2.2_, and mar dean	dccorred design		rreet, city or town,		ie dore		E SIGNE
ACTUAL	mentain	100	1 Camb	0 0					6/26	150
SIGNATURE	Ejourou	CER	e crounds	M.D. Spring	11010 2	tate Hosp)1 68 1		0/20	177
PHYSICIAN'S NAME (Type)	/ Agustin d	lel Car	mpo, M.B.	Sykesy	ille, M	aryland				
22a. BURIAL, CREMAT		F 2	2c. NAME OF CEMETERY	OR CREMATORY	22d. JOCA	TION (City, town,	or county)		(State	e) ,
BURIAL (Specif	" 6-29-19	19	Louder Pe	ARK	100	-L/1m	102	e_	n	10
23. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS	0 L 24a. I	REC'D BY REGIST	RAR 24b. REG	STRAR'S S	IGNATU	RE	
ANT	7,,,,111	DAL E	209 You		JUN 3 0'		rthun	8. Kin	MA	
- Turk	1 myla 14	my J	0-01	177 DAIL	300			.,		

burial-transit permit. Then please remove carban papers. remaval, and in any event within 72 pours after death. certificate has been signed by the attending physician and campi detached far use as the burial-transit permit. attending physician. the registrar priar ta burial, crematian, ar may be retain TO FUNERAL DIRECT

LYSICIAN: The law requires that the death certificate be execut

VS A15 (4) 15M 9/58

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ADDRESS

24b. REGISTRAR'S SIGNATURE

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C'D BY REGISTRAR

23. FUNERAL-DIRECTOR'S SUCNATURE

VS A15 (4)

15M 9/58

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1. PLACE OF o. COUNT
b. CITY OR

VS. AISME 5M 2/S7

116646 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6655MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. Na.

	PLACE OF DEATH					2. USUAL RESID	ENCE (Where d					odmission)
	o. COUNTY	arroll		MARYL	AND	o. STATE	Marylar	nd	b. COUNT	Carro	oll	
t	b. CITY OR TOWN (If a	outside corporate limits, writ	RURAL	c. LENGTH OF STAY II	N 1b	c. CITY OR T	OWN (If outside					st Iown)
		Westminst	ter	7 vrs		X rura	alWes	stmins	ster			
-	the same of the sa	CT - DE TOTAL STREET,		spitot, give street oddress)	d. STREET AD	DRESS				e.	IS RESIDENCE
						/ Bear	r Branc	ch Ros	ad			ON A FARM?
3.	NAME OF	Fir	st	Middle	-	. Aost	4. DA	TE	Month		Day	Year
	DECEASED (Type or print)	MARARI	OFT	- Carrison	0. 41	- WAI	PED DE	ATH	Lucia		14	1959
5. 5	SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	1 8. 0	ATE OF BIRTH	NEW	9.49	(In years irthday)	IF UNDER TY	YEAR IF	UNDER 24 HRS.
-f	emale	white	WIDOWE	DIVORCED	7	7-8-189	93	6	5 yes.	Months De	oys Ho	ours Min.
10a	. USUAL OCCUPATION	N (Give kind of work	done 10b.	KIND OF BUSINESS OR II			CE (Slote or fore	eign country)		12. CITIZE	EN OF W	HAT COUNTRY
(during most of working housewil			home		M	arvland	ñ		TI	.S.	
13.	FATHER'S NAME	10		110110	- I	4. MOTHER'S N						
		Jacob 1	Dunn				nown					
15.	WAS DECEASED EVE		RCES? 16.	SOCIAL SECURITY NO.	17. INF	ORMANT			Address			
[Yes	s, no. er unknown)	If yes, give wor or dates of	service)				rt G. 1	Walke		same		
-	no -	H [Enter only one cou	na nas lias	for (a) (b) and (a)]	INTT	· ALLOC.	LUU	Maino.	2 5	Jame	INTERVAL	PETINGEN
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	WAS CAUSED BY:	l'a	ior (o), (b), ond (c).	4.		. 1				INTERVAL ONSET AN	D DEATH
		MMEDIATE CAUSE (0)	14	erevol_	. nu	mor	range				1/	2 11-
	400,1	DUE TO	1	0 1 1	18	_	- 1	-			/	
	Conditions, if on		u	O C V a	use	roo c	nyp	estrus	usu		7-	eage
	(a), stating the us						- ' '					
-	cause last.) (c		ALITA DI ITUIA TA ACCITA								
ğ	PART II, OTHE	EX SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH	EBULNO	I KETATED TO I	HE TERMINAL DI	ISEASE CONE	THON GIV	EN IN PART	PI	ERFORMED?
2											YES	□ NO 🕱
CERTIFICATION	200. EXTERNAL CAUS PRIMARY ☐ or CON CAUSE OF DEATH.	TRIBUTING 20	b. DESCRIE	E HOW INJURY OCCURE	RED. (Enti	er noture of inju	ry in Part I or Pa	art II of item	18.)			
_												
MEDICAL	Hour g. m.	Y Month, Doy, Ye	or 20d. Whit		e. PLACE factory	OF INJURY (He	ome, farm. 20f.	. (City or tow	n)	(Count	ty)	(Stote)
ME	p. m.	19		ork ot work								
	21. I certify the	at I took charge	of the	remains described	abave	e, held an	Autopsy []	, Inspect	ion Z.	Inquiry	Z)	and in my
1	opinian death	esulted from:	Natural	causes . Accid	ent 🗌	, Suicide	, Homie	cide [],	Undete	rmined mo	anner	
	(/	. /	1				100					
	ACTUAL SIGNATURE	cues I.	Ma	red		M.D. CHIEF ME	DICAL EXAMINE	ER 🔲			DA	ATE SIGNED
	1		- 40				T MEDICAL EXA	MINER			1.1	miles
	EXAMINER'S NAME (Type)	IMES 1.	M	ARSH		DEPUTY A	EDICAL EXAMIN	NER TO			6/1	4/54
770	BURIAL CREMATION	1. 226. DATE THEREC	OF .	22c. NAME OF CEMETE	RY OR CI	REMATORY	22d. t	LOCATION (C	ity, town, e	or county)		(Stote)
	BURIAL	6-17-1	959	Taylors	svil	le	Ca	rroll	Co.	. M	Id.	
23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			40. REC'D BY R	EGISTRAR		TRAR'S SIGN	ATURE	
	C. M. V	Valtz,	Win	field, Md.	•		DATEUN 17	'59	Car	ing & to		
-										- d. / L	earls.	

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VS A15 (4) 15M 9/55 M

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6656 CERTIFICATE OF DEATH

Ren	Dist	No	

				- 17				Key. Di.		
1. PLACE OF DEATH o. COUNTY Ca	arroll		MARYLANI		usual Residence (WI o. STATE Mary land	here deceose	d lived. If institution b. COUNTY		re before odn	nission)
	f autside carporate limits	s, write	c. LENGTH OF STAY IN 11	6	c. CITY OR TOWN (IF	autside corna	rate limits write R			own)
Rural, Wes	stminster		1 Year	X	Rural, Wes				, re medicar n	,
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, gi	ve street	oddress)		d. STREET ADDRESS	Problem 1				RESIDENCE
	er, Md. R. I	D. 1			Westminste	r, Md.	R. D. 1			NO A
3. NAME OF DECEASED	First	t	Middle		Lost	4. DATE OF	Mon		Day	Yeor
(Type ar print)	Charles		Franklin		latson	DEATH	Julie	24		1959
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	8. D.	ATE OF BIRTH		9. AGE (In years lost birthday)			NDER 24 HRS.
Male		WIDOW			/6/1900		59 yrs.	Months	Days Hou	rs Min.
10a. USUAL OCCUPATIO	ON (Give kind of work daing life, even if retired)	ane 10b.	KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (Stote	ar foreign c	ountry)	12. CITI	ZEN OF WH	AT COUNTRY?
Retired Fou		ee	Foundry		Philadelph	nia, P	a.	U	S.A.	
13. FATHER'S NAME				14	MOTHER'S MAIDEN	MAME			4	
Harry Wa	tson				Unknown					
15. WAS DECEASED EVE			SOCIAL SECURITY NO. 17	. INFO	MANT .	Shree	et Add	ress (Was	stmins	torl
(Yes, no, or unknown)	(It yes, give wor or dates of ser	100	85-03-1665 N	irs.	Rosa Blanc	h-842	eatestmin	ster.	Md. R	D 1
	TH [Enter anly one cau				A		- Hes earl	Dec.,		BETWEEN
	TH WAS CAUSED BY:	0,	15 h. 0	-	~ (0)				ONSET AL	ND DEATH
5230	IMMEDIATE CAUSE (a)	Co	Muem	12	are				1 4	Rela
0,00,0	DUE TO	1	/ Y .	•				, 7	70	
Canditions, if a		X	Murse	~				2-1-1	70	genes
couse (o), stoting								1		
lying couse last.) (c).									
PART II. OTH	IER SIGNIFICANT COND	DITIONS C	CONTRIBUTING TO DEATH B	UT NO1	RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART	1(a) 19. WA	S AUTOPSY FORMED?
<u>5</u>							,° 20°	30.68	YES	□ NO □
(IF EITHER, NOTIFY	S UNDERLYING	20b. DESC	CRIBE HOW INJURY OCCUR	RED. (E	nter noture of injury in	Port I or Por	t II of item 18.)			
20c. TIME OF INJUR Haur a. m.	Y Manth, Day, Year			PLACE	OF INJURY (Home, farm	, 20f. (City	ar town)	(C	ounty)	(Stole)
Havr a.m.	19	While of work	Not while	luciory,	street, office bldg., etc		(Model			
21 1 certify th	at I attended the	decens	ed from Just :	2	, 19.57, ta J	and ?	4 10.59	Ab = 4 1 1	41.	
alive an Ju	23	10 5			urred at 1:15	P 14 C	11 17 17	.,mar r r	ast saw in	ie aeceasea
dilve dil vo		_, 17	dia,, and mar dec	im ac			n the causes a treet, city ar tawn.		e date sta	
ACTUAL SIGNATURE	each Ma	ite	and	M.D.	Like	4.00	Mariawa.	Pa	6/24	JATE SIGNED
PHYSICIAN'S NAME (Type)	EAH MA	-ITC	-AND, M.	0.						
220. BURIAL, CREMATIO REMOVAL (Specify)	N, 22b. DATE THEREOF		22c. NAME OF CEMETERY	OR CR	EMATORY	22d. LOCA	TION (City, town, o	or county)	(S	tote)
Buria1	6/27/59		Mt. Carme	1 C	emetery	Litt	lestown,	Adams	Co.,	Pa.
23. FUNERAL DIRECTOR	SSIGNATURE	10	ADDRESS	4	24a. REC'	D BY REGIST	RAR 24b. REGIS	TRAR'S SIG		
repara	H-VIA	19.	Littlestown,	Pa	DATE	OF I	55	richan d.	/ Walle	

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6657 CERTIFICA	ATE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY CATTOLL MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Reproduce before admission) o. STATE ORY AND b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RUBAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION PULLER MUYSING HOME	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) WILLLAM C. W	Lost 4. DATE Month Day Year OF DEATH JUNE 2 H 19 59
5. SEX 6. COLOR OP RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In: years lost birthdoy) Work 6 - 1881 9. AGE (In: years lif UNDER 1 YEAR IF UNDER 24 HRS. Manihs Days Hours Min.
No. USUÁL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDLE during most of warking life, even if retired)	ol Pa USA
Charles Edward Wornts	14. MOTHER'S MAIDEN NAME Emma M. Bedford
15. WAS DECEASED EVER IN U. S. ARMED FORCES? If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17.	Nesce Garner Wernts (2)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	lure, broncheal presum ONSET AND DEATH
Conditions, if ony, which) Oue to Conditions, if ony, which)	onlye, it humpling, to
gove rise to immediate couse (a), stating the under- lying couse last. DUE TO (c) Author Schr	ni generalzed. 24 June 39
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \[\] NO \[\]
206. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to Mour o. m. 19 While Not while of work of work	ACE OF INJURY (Mome, form, ctory, street, office bldg., etc.) (City or town) (County) (State)
21. I certify that lattended the deceased from 20 pm	1, 1959, to 24 June, 1959, that I last saw the deceased
ACTUAL SIGNATURE ACTUAL E. HOLL	ADDRESS (Street, city or town, state) ADDRESS (Street, city or town, state) ADDRESS (Street, city or town, state) ADDRESS (Street, city or town, state)
PHYSICIAN'S HOWARD E. HALL	SYKESVILLE, MO,
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
23, FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

15 13 JUN 2 9 '59

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